

# Child and Family Services Agency Child and Family Services Agency



2005 Annual Public Report:  
Implementing the Adoption and Safe Families  
Amendment Act of 2000 in the  
District of Columbia

**MEETING THE NEEDS OF THE DISTRICT'S CHILDREN AND  
FAMILIES THROUGH IMPLEMENTATION OF  
DC ASFA**

<b>Executive Summary</b> .....	3
<b>Introduction</b> .....	5
<b>Chapter 1</b>	
Evaluation of CFSA Services for Children and Families .....	6
Methods of Evaluation .....	6
Accomplishments .....	6
Challenges to Success .....	9
<b>Chapter 2</b>	
Statistical Analysis of Foster Care Cases and Permanency Outcomes .....	11
<b>Chapter 3</b>	
CFSA's Progress in Implementing the Act .....	12
CFSA's Case Practice Principles .....	12
Developing and Improving High Quality Services to Children and Families ..	14
Timely Investigation and Adjudication of Abuse and Neglect Reports .....	15
Effective Case Planning .....	16
Family Preservation, Reunification, and Support Services .....	17
Mental Health, Substance Abuse, and Housing Services .....	20
Criminal Background Checks for Prospective Substitute Care Providers ....	22
Reasonable Efforts Determinations and Timely Permanency Planning .....	23
Notice and Opportunity to be Heard in Neglect and Parental Termination Proceedings .....	24
Administration of Interstate Adoptions and Adoption Subsidies .....	25
<b>Chapter 4</b>	
Recommendations for Additional Legislation or Services for Overcoming Challenges .....	26
<b>Chapter 5</b>	
Comments from the Mayor's Multidisciplinary Committee .....	27
<b>Appendix 1:</b> Excerpt from the Establishment Act of April 2001 .....	35
<b>Appendix 2:</b> CFSA Statistics on Foster Care and Permanency Outcomes .....	37
<b>Appendix 3:</b> Map of Healthy Families/Thriving Communities Collaboratives' Service Areas and Offices .....	60

## EXECUTIVE SUMMARY

By taking strategic action steps that enhance strengths and diminish weaknesses, the District's Child and Family Services Agency (CFSA) has accomplished the requirements outlined in the Adoption and Safe Families Amendment Act of 2000 (D.C. ASFA). Data compiled from CFSA's information system (FACES), and reports from internal administrations, the Council on Court Excellence, and the Center for the Study of Social Policy illustrate both the challenges and progress CFSA has made during FY 2005.

<b>Requirements of the Adoption and Safe Families Amendment Act of 2000</b>
1. Include the safety of the child in state case planning and in a case review system.
2. Initiate or join proceedings to terminate parental rights for certain children in foster care—such as those who have been in foster care for 15 of the most recent 22 months of care.
3. Comply with requirements for criminal background clearances and have procedures for criminal record checks.
4. Provide participants a notice of reviews and hearings and an opportunity to be heard.
5. Develop a case plan documenting steps taken to provide permanent living arrangements for a child.
6. Conduct mandatory permanency hearings every 12 months for a child in foster care.
7. Develop plans for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children.
8. Provide for health insurance coverage for children with special needs in state plans for foster care and adoption assistance.
9. Incorporate standards to ensure quality services for children in foster care in state plans.

The Agency has pursued a number of operational strategies to accomplish the ASFA requirements in compliance with their federally imposed performance criteria. CFSA has established new principles for case practice that include the participation of the child and that guide social workers and support staff. These principles ensure that each case plan is developed with the strict intention of guaranteeing the child's safety, permanency, and well-being. Furthermore, CFSA is obligated to review each case periodically to monitor and strategize around the child's changing needs and priorities.

In addition to this, CFSA has advanced a number of proposed goals into accomplishments during FY 2005:

1. Since March 2005, a Termination of Parental Rights project has dramatically reduced the number of foster care children awaiting permanency;

2. CFSA has updated its foster care and congregate care licensing policies to include a process for completing criminal background checks and child protective register clearances;
3. Since FY 2004, CFSA issues notifications of Family Court hearings to key stakeholders, such as foster parents and family advocates, that pertain to the child's case;
4. CFSA's implementation of the Family Team Meeting into the case planning process has improved permanency outcomes for children and families. These meetings organize all family stakeholders involved in the case to emphasize their strengths and strategize around their needs;
5. Permanency hearings occur in Family Court for foster children that have been in care for 14 months or more; and,
6. CFSA has established new Adoption Services policies that address interstate adoptions and the tenets of Medical coverage.

While these accomplishments prove that CFSA is a vastly more efficient and effective agency than it was during receivership, there remain many challenges that slow the agency's ability to expedite services. Currently, CFSA lacks the authority to extend grants to providers and instead must navigate through the difficult contracting process which frequently stalls the child placement process. CFSA is also in need of legislation that would allow it to access vital medical information for abuse and neglect investigations without a court order.

CFSA's ability to overcome these and other challenges relies on the continuing support of the Mayor, the District's City Council, the Council on Court Excellence, the Administration for Children and Families, the Center for the Study of Social Policy, and the children, families, and communities of the District. Each of CFSA's accomplishments to date are in large part due to the active participation of CFSA's stakeholders, and the agency looks forward to building a safe and prosperous future for the District's children with your continued support.

## INTRODUCTION



In compliance with the Child and Family Services Agency (CFSA) Establishment Act

of April 2001, the CFSA prepares the 2005 Annual Public Report to inform the Mayor's Office, the Council, and the general public of the District's successes and challenges in implementing the requirements of the District's Adoption and Safe Families Amendment Act of 2000 (D.C. ASFA)<sup>1</sup>.

This report analyzes CFSA's administrative data from the agency's State wide Automated Child Welfare Information System (SACWIS, locally referred to as FACES) and reports from various oversight agencies, including those published by the Council on Court Excellence (CCE), and the Center for the Study of Social Policy (CSSP, CFSA's Court Monitor), as well as internal quality assurance reports published by CFSA's Office of Clinical Practice (OCP), and *Revamping Youth Services*, a White Paper drafted by CFSA in July 2005. The report also reviews specific programs that support the attainment of safety, permanency, and well-being for children in foster care and their families. The programs and services included in this report were either in ongoing operation or were initially implemented during FY 2005. Finally, this report integrates the findings and strategies published by CFSA in the 2003 agency-wide Needs Assessment and the subsequent Resource Development Plans and the actions taken to address the identified needs. Both documents are requirements of the LaShawn Implementation Plan<sup>2</sup> and serve to inform agency stakeholders of the needs of CFSA's service population.

The information and findings included herein are specific to the progress and challenges that the CFSA has experienced during FY 2005 with respect to implementing D.C. ASFA.

For the purposes of comparison, data tables included in Appendix 2 of this document include statistics from FY's 2004 and 2005.

---

<sup>1</sup> In March of 2000, District of Columbia Mayor Anthony Williams signed into law the Adoption and Safe Families Amendment Act of 2000 (D.C. ASFA Amendment Act). Based on the service delivery requirements and best case practices outlined in the federal Adoption and Safe Families Act of 1997 (ASFA), D.C. ASFA sought to incorporate operational improvements within stakeholder agencies in the child welfare arena and to improve outcomes for dependent children throughout the District.

<sup>2</sup> The full text of the LaShawn Implementation Plan can be found on CFSA's Web Home Page at: <http://cfsa.dc.gov/cfsa/site/default.asp>

## CHAPTER 1: EVALUATION OF CFSA SERVICES FOR CHILDREN AND FAMILIES

### ***Methods of Evaluation***

Several program and service evaluative processes are occurring simultaneously, and CFSA utilizes the findings from all of them to formulate its policy, practice, and program improvements.

- The Court Monitor publishes semi-annual progress reports that assess CFSA's successes and challenges in complying with the requirements of the LaShawn Implementation Plan and with ASFA. The reports include a quantitative analysis of CFSA's progress toward meeting the statistical benchmarks of the LaShawn Implementation Plan, as well as qualitative summaries of what is working well and what is not working well within CFSA's overall operation. The Court Monitor's reports concisely lay out the challenges that CFSA is facing with regard to ASFA.
- The Quality Service Review (QSR) provides CFSA with the opportunity to evaluate its programs and operations twice annually. CFSA's quality improvement efforts then focus on those program and practice areas identified in the QSR as "in need of improvement". The QSRs also track CFSA's progress from review period to review period, highlighting its accomplishments and identifying areas that need more focused attention in order to improve.
- CFSA also publishes a semi-annual Quality Assurance Report. This report details new and ongoing activities to improve the quality of direct services to children and families, and it outlines the key administrative functions supporting that work. It also describes results stemming from practice improvement initiatives, special projects, and ongoing quality assurance efforts throughout the agency.

The recent findings of these processes make up the accomplishments and challenges outlined in the subchapters below.

### ***Accomplishments in FY 2005***

- *CFSA with The Community Partnership for the Prevention of Homelessness, and the Healthy Families/ Thriving Communities Collaboratives, piloted a Rapid Housing Program to address housing needs for families and youth aging out of the system.* Through this program, the District provided dollars for housing resources and the Collaboratives provided support to families where housing was needed to preserve or reunify families and for youth aging out of foster care. The program served 48 families and 159 children in FY 2005. Additionally, 67 transitioning youth were

served through the program in 2005, and 28 of these youth were teen parents (with a total of 32 children).

- *CFSA's implementation of the Family Team Meeting (FTM) for cases where children have been removed, or are at risk of removal is improving outcomes and strengthening case practice across all staff and business units within CFSA.* The Family Team Meeting is a vehicle for improving CFSA's overall case practice model. In 2004, CFSA spent many months preparing staff for the January 2005 implementation of the FTM. The FTM focuses on engaging families in case planning and emphasizes their strengths and needs. Through September 30, 2005, CFSA facilitated 312 FTM's with promising early results. Non-custodial fathers took part in 62 (or 36%) of all FTM's, and other non-relative family supporters such as clergy, godparents, therapists, and friends have taken part. Over time, CFSA anticipates that the FTM's will play a role in reducing the number of children removed from their homes, placed in non-family foster care, and experiencing multiple placements. Beginning in the Fall of 2005, FTM's will be held prior to most placement changes.
- *CFSA, with the Office of the Attorney General (OAG), engaged in a Termination of Parental Rights (TPR) project that eliminated the backlog of children for whom a TPR petition was overdue.* D.C. ASFA requires the District to move children quickly through the foster care system and into permanent homes with their parents, relatives, or adoptive families, and it mandates CFSA to petition to terminate parental rights when a child has been in the temporary custody of the District for 15 out of the last 22 months. In 2004, CFSA identified all cases of children and youth who had been in foster care beyond ASFA timeframes: a backlog of 448 cases. From March through May of 2005, a team of Assistant Attorneys General and social workers held 345 joint staffings to make case by case determinations as to whether to file a TPR motion or to take other actions to achieve permanency for the children/youth involved in these cases. Through this effort, CFSA was able to bring 418 of those 448 cases into ASFA compliance, and established protocols to prevent a new backlog from occurring. The agency continues with work with the OAG to eliminate this backlog altogether.
- *CFSA focused on its growing youth population and published its White Paper on Youth Development: "Revamping Youth Services: Preparing Young People in Foster Care for Independence".* Recognizing the demographic shift toward an older foster care population in FY 2005, under the leadership of a team of outside experts who served as an advisory board, CFSA conducted numerous focus groups and explored national models for addressing needs of youth. Through this effort, CFSA sought to identify service needs and gaps for the older teens in its care and custody, and to develop strategies to fill those gaps. The White Paper serves as a roadmap for a system re-design in FY 2006 that will better equip the agency for preparing its youth for independent living.
- *CFSA continues to identify opportunities for building additional service capacity to serve families with substance abuse problems.* Using specially appropriated federal

dollars, CFSA piloted an intensive outpatient program for substance abusing mothers and provided intensive nursing services for infants born to substance abusing mothers. In addition, CFSA has worked with the Addiction Prevention and Recovery Administration (APRA) to identify dedicated, on-site, substance abuse specialists to provide clinical support and consultation when parental or adolescent substance abuse is suspected.

- *CFSA is employing new strategies to recruit more foster/adoptive parents.* CFSA's foster/adoptive parent recruitment unit is committed to creating community awareness of the needs of foster children. CFSA produced a video to express the urgent need for capable resource parents, to detail the challenges and rewards, and to encourage interested families to follow through with the application and licensure process. The video, which included interviews with foster children as well as foster parents, targets D.C. residents and is shown in the D.C. Department of Motor Vehicles and also in waiting rooms in various medical offices in the District. Additionally, CFSA now uses volunteer youth as part of its foster and adoptive parent orientation program. The youth (ages 18-21) discuss their experiences in foster care, the growing need for foster homes for older youth, and the importance of foster parenting for youth.
- *CFSA instituted a program to issue temporary licenses for kin, which allows CFSA to place a child quickly and safely with kin in the District.* CFSA's goal is always to place a child in the least restrictive and most family like setting: kin caregivers provide such a setting. In the past, emergency kinship placements were not an option because complying with licensing requirements is time consuming. Now as a result of the temporary kinship licensing program, children can be placed with the kin caregiver after a home assessment and safety check is completed, which can occur in a matter of days. In FY 2005, CFSA issued 156 temporary kinship licenses. Kin providers must thereafter complete the full licensing process within 120 days.
- *CFSA and the Department of Mental Health have ensured that an array of intensive community-based mental health services is open to adoptive families in the District.* Intensive home and community-based services, multi-systemic therapy, and mobile response and stabilization services were previously available only to children receiving in-home or foster care services through CFSA. In 2005, CFSA made these services available to adoptive families as a method of supplementing subsidies to provide holistic post-adoption support services.
- *Through a redesign of the administrative case review process, CFSA is now conducting timely Administrative Reviews for children in care.* For the last three months of FY 2005, CFSA was conducting timely Administrative Reviews for 98% of children in foster care<sup>3</sup>.

---

<sup>3</sup> As reported in CFSA's LaShawn Implementation Plan Outcome Status Report, October 31, 2005.



- *Permanency Hearings in Family Court are occurring for almost all children in foster care for 14 months or longer.* CFSA and the Family Court are working together to ensure adequate and timely judicial oversight of case progress. This accomplishment is the result of widespread collaboration among the members of the District's Child Welfare Leadership Team, including the CFSA Director, the Chief Judge of the Family Court, the Office of Attorney General (OAG), the Council for Court Excellence Director, as well as various representatives from other stakeholder agencies within the District. At the end of September 2005, 95.3% of children in care for 14 months or more had a timely permanency hearing within ASFA requirements.
- *CFSA's leadership planned for the creation of the Office of Organizational Development and Practice Improvement in order to make practice improvement a cornerstone of CFSA's agenda.* This new office, which becomes operational in January 2006, will oversee agency-wide data collection and analysis and will develop practice guidance to improve CFSA achievement of qualitative standards. Furthermore, it will direct all the activities of the CFSA Quality Improvement and Training Services Administrations. Additionally, this new office will promote and support the institutionalization of CFSA's Practice Model, which included best case practices for delivering high quality services to the District's children and families.

### ***Challenges to Success in FY 2005***

Despite its many successes, the District's child welfare system continues to face many challenges.

- *Ensuring Child Safety: Despite its progress in initiating investigations in a timely manner, CFSA continues to struggle in completing investigations within 30 days.* The agency continues to resolve the investigation staff resource issues that are contributing to this ongoing backlog, and recently established a wage differential to improve recruitment and retention. CFSA also is working to strengthen the skills of Child Protective Services managers to ensure that investigations are comprehensive and high quality.
- *Ensuring Appropriateness of Placement: CFSA lacks sufficient flexible placement capacity to meet the needs of District children requiring out of home placement.* CFSA has introduced new strategies to recruit and retain resource parents and has expanded its contractual capacity for placements. Despite these efforts, CFSA continues to struggle to match a child with the "best initial placement", due to shortage of beds among placement providers.
- *Achieving Permanency: Almost 50% of all children with a permanency goal of adoption await a pre-adoptive placement.* At the end of FY 2005, there were 659 foster children with the permanency goal of adoption, 322 of whom were not yet in pre-adoptive placement. As is the case with foster parent resources, CFSA is also

facing a shortage of willing and able pre-adoptive parents with whom to place children in need of adoption.

- *Achieving Permanency: CFSA has not developed a service model to attend to the permanency placement needs for older youth who are not necessarily on the adoption track.* CFSA has been exploring various service models during the past two years, but has yet to implement a model which will meet the critical needs of older youth in need of positive permanency outcomes. In FY 2006, CFSA's Office of Youth Development will implement the Youth Connections program. This program, targeting youth ages 14-21, provides a continuum of services to give youths aging out of care the opportunity to form strong family connections in preparation for adult living. CFSA, with the assistance of the Collaboratives, will facilitate Youth Connections Conferences aimed first at identifying familial resources for participating youth, and then at developing and nurturing bonds and relationships. Meanwhile, youth will be exposed to life skills training to prepare them for adulthood.

---

## CHAPTER 2: STATISTICAL ANALYSIS OF FOSTER CARE CASES AND PERMANENCY OUTCOMES

The statistical data included in Appendix 2 of this report reflects the significant successes and ongoing challenges that CFSA is facing in affecting positive outcomes for its children and families. For the purposes of comparison, data tables included in Appendix 3 of this document include statistics from FY's 2004 and 2005.

***At the end of FY 2005, there were 2704 children in out of home placement through CFSA, compared to 2824 at the end of FY 2004. There were 1222 children over the age of 13 in out of home placement, compared to 1174 at the end of FY 2004.***

While CFSA has made progress in reducing the numbers of children in out of home placement, there is evidence of a general shift in the demographic of the foster care population. The percentage of older youth in care has grown over the past several years. As of September 30, 2005, youth aged 12 and older accounted for nearly 57% of the District's foster care population and the children and youth in care are requiring more specialized treatment services. CFSA continues to strive to meet the ongoing challenges of providing quality services to the changing population of children and youth in foster care.

***At the end of FY 2005, there were 961 children who had been in CFSA custody for 24 months or longer, compared to 1268 at the end of FY 2004.*** CFSA reduced this population of children in care of 24 months or longer by 24% from FY 2004 to FY 2005.

***During FY 2005, 329 children achieved permanency within 9 months of removal from their homes, compared to 256 in FY 2004.*** Through timely assessment, case planning, and resource identification, CFSA social workers were able to find alternatives to foster care for 22% more children within 9 months of their initial placement into foster care.

## CHAPTER 3: CFSA'S PROGRESS IN IMPLEMENTING THE ACT

The D.C. Adoption and Safe Families Amendment Act of 2000 (D.C. ASFA) is one of many statutory/regulatory enhancements meant to improve outcomes for the District's children and families. Along with the Modified Final Order, the Family Court Act of 2001, and the LaShawn Implementation Plan (completed in April 2003), D.C. ASFA has provided the District with best case practice requirements for serving its most needy children and families. There are synergies among many of the various requirements of these regulatory documents. The LaShawn Implementation Plan incorporates many federal ASFA and D.C. ASFA requirements into its performance measurements.

This chapter involves a discussion of the steps that CFSA has taken to implement federal and local ASFA requirements. It opens with an overview of the framework within which CFSA's social workers, supervisors, and administrators operate in serving their clients. This includes CFSA's case practice principles and the methods and tools that the agency has for identifying needs and developing effective services and programs. The chapter then details specific CFSA programs and services that work toward positive permanency outcomes for the District's children and families.

### **Framework**

CFSA's approach is not to focus on "item by item" compliance with individual tenets and requirements of these oversight documents, but rather to holistically integrate best case practices into its practice model, and to achieve positive permanency outcomes for the children and families who receive services.

### ***CFSA's Case Practice Principles***

Child welfare social workers use a professional helping relationship as the vehicle for achieving desired outcomes for children. They assess, respond to, and influence family decision making, behaviors, and circumstances. They lead the drive for permanence with urgency based on a child's sense of time. Program Operations supervisors and managers set standards, communicate expectations, monitor performance, coach and model effective behavior, provide developmental feedback, and show concern for how workers are experiencing their job. All other CFSA functions and employees support social workers, supervisors, and managers in serving abused and neglected children and families.



CFSA social workers and staff adhere to a series of Case Practice Principles to guide them in serving children and families:

- **Children First** – Child safety, permanence, and well being are CFSA's top priorities.
- **Family** – Families are the focus of child welfare: preserving families, supporting foster families, building new adoptive families, and ensuring child and teen

attachment to families. All families have strengths and deserve a voice in decisions about their children.

- Respect – All clients are worthy of respect. CFSA informs them of their rights and responsibilities, safeguards confidentiality, and ensures due process.
- Urgency – A child's sense of time and the urgency of permanence drives CFSA's practice. CFSA aims to affect change so that children achieve outcomes within time frames that meet their need for permanence, as embodied in the federal Adoption and Safe Families Act (and in DC ASFA). All parties stay abreast of plans and time frames, cooperate, and remain accountable to the child.
- Leadership – CFSA assumes primary responsibility for ensuring child safety, influencing family change, and leading the drive to permanence. CFSA coordinates teamwork among all parties in the best interests of the child.
- Assessment – CFSA aims to identify behaviors and conditions that place children at risk of abuse or neglect or of not achieving permanence. Social workers focus not on symptoms or trigger incidents that precipitate problem behaviors, but rather on the factors that drive those behaviors. Poverty, substance abuse, mental illness, and other severe difficulties strongly influence behavior, and CFSA social workers factor them into assessments and intervention/change strategies.
- Intervention – The social worker relationship with clients is proactive, focused, and time limited. The social worker seeks to influence underlying factors that create or sustain problem behaviors and conditions; to utilize a professional helping relationship to encourage family change that leads to positive outcomes for children; to regularly monitor children at home and in out-of-home care to ensure their safety and well being; and, to modify intervention/change strategies and case plans as child and family needs change.
- Authority – CFSA has a legal obligation to protect children and to engage families in taking action. Child welfare and court authority are sometimes necessary and appropriate to ensure child safety while maintaining a helping relationship with the family.
- Placement – Removal from home is traumatic for children, even when it safeguards their welfare. CFSA places children in out-of-home care only when they cannot be safe in their birth homes. When CFSA must place children, they deserve to:
  - know why they are entering foster care;
  - be safe from further abuse or neglect in CFSA's care;
  - be placed with their siblings;
  - be placed with kin whenever possible;
  - have a stable, nurturing foster care setting that meets their needs; and,
  - be in foster care only as a short-term, interim step to permanence.
- Teamwork – A system of partnerships among preventive, foster care, legal, service, and other resources is essential to achieve safety, permanence, and well being for children. CFSA assembles, coordinates, and leads appropriate and inclusive multidisciplinary teams in providing prompt, effective, quality services to children and families.

## ***Developing and Improving High Quality Services to Children and Families***

CFSA's approach to service delivery has been to strengthen those services and operations that are already in place, to identify additional service and resource requirements, and to develop and implement strategies to better meet the needs of the children and families who enter into, or who are at-risk of entering into the child welfare system. Toward that end, CFSA employs a series of tools to better understand service needs of children and families and to identify strategies to meet them. Every two years, CFSA is responsible for completing a comprehensive agency-wide Needs Assessment. CFSA also completes an annual Resource Development Plan that details strategies for addressing the service needs and requirements identified in the Needs Assessment. Through this periodic and cyclical process, CFSA is continuously enhancing its understanding of the population it serves, and continuously upgrading the services it provides to that population. Additionally, CFSA has now fully implemented semi-annual Quality Service Reviews (QSRs). QSRs delve past the quantitative benchmarks in the LaShawn Implementation Plan using an approach that parallels the federal Child and Family Service Reviews. QSRs are designed to look at the outcomes for individual children and families as well as to identify the system's strengths and the areas that need improvement.

- *Comprehensive Needs Assessment* – The first was completed in December of 2003. This initial Needs Assessment sought to identify the services, resources and supports that help prevent a child's entry into the child welfare system; that help maintain a child's safe and stable foster care placement; and, that help a child in foster care to safely return home. It also assessed the needs of families served by CFSA with regard to mental health, housing, educational, and substance abuse services<sup>4</sup>. The Needs Assessment involves exhaustive research and information gathering by way of literature review, formal interview of child welfare stakeholders (both within and outside the District), surveys, case reviews, and various focus groups. It focused on the service needs of children in the community as well as children in placement, and it identified the critical service needs of the children and families who most needed CFSA services. The 2003 Needs Assessment revealed the need for holistic services that addressed not only abuse and neglect issues, but also the related issues of housing, employment, mental health, and substance abuse services<sup>5</sup>. 1
- *Resource Development Plans (RDP)* – The Needs Assessment equipped CFSA with vital information to frame the Resource Development Plan for 2004. The RDP took the findings of the Needs Assessment and identified specific services and resources throughout the community to better serve CFSA's families. It also detailed specific action steps needed to develop such services when they did not already exist, and it designated timeframes for the completion of those action steps. The 2005 Plan

---

<sup>4</sup> Child and Family Services Agency. (2004). *2003 Needs Assessment*. Report. Office of Planning, Policy and Program Support. Washington, DC: Author

<sup>5</sup> Child and Family Services Agency. (2004). *2003 Needs Assessment*. Report. Office of Planning, Policy and Program Support. Washington, DC: Author

continued implementation of action steps to address the critical areas identified in the 2004 Needs Assessment- - housing, mental health services and substance abuse services. The 2005 RDP also reported on progress against the 2004 RDP.

- *Quality Service Review (QSR)*– The basic approach to the qualitative review is to gather information about case practice elements such as assessment, case planning, service provision and coordination through structured interviews with the child or youth, family members, service providers, informal supporters, and the assigned worker and supervisor. Case records are reviewed to provide background information to the reviewer. This information allows reviewers to make judgments about how written assessments and evaluative information are used in case planning and case decisions, and to determine the relationship between case plans and what is actually happening to a child and/or family. CFSA management then uses the QSR results to:
  - understand what is working well and what is not working for the children and families in the review, and why;
  - identify system patterns of strong and weak practice to help achieve better results for all families; and
  - track system problems and progress made.

Following the initial Needs Assessment and Resource Development Plans, and recent Quality Service Reviews, CFSA has developed new services and enhanced existing operations, programs, and services that promote the safety, permanency, and well-being of the children it serves.

### **Implementation**

The following subchapters outline the various requirements of D.C. ASFA and detail the specific processes, programs, and services that CFSA and its partners have in place in order to best achieve positive permanency outcomes for the District's children and families.

#### ***Timely Investigation and Adjudication of Abuse and Neglect Reports***

Under D.C. ASFA, CFSA must expeditiously investigate and take appropriate action to adjudicate reports of abuse and neglect, and maintain a program of treatment and services for families of abused and neglected children so as to allow for the children to return to their families (when safe and appropriate).

In September 2003, CFSA updated its policies and procedures manual to include detailed instructions for investigators regarding the timeliness, quality and content, and documentation for all investigations. The new policies clarify the steps that investigators need to follow in order to comply with D.C. ASFA and with the LaShawn Implementation Plan.

Progress has been significant regarding the initiation of investigations in a timely manner; however the timely completion of investigations continues to be a challenge for CFSA. At the end of FY 2005, in 86% of all cases, CFSA had either initiated an investigation or made a good faith effort to see the child within 48 hours of the hotline call. At the end of FY 2005, CFSA had a caseload of 637 open investigations, 208 (33%) of which were open for more than 30 days<sup>6</sup>.

Building on the strong case practice promoted by the FTM's, during 2005 CFSA began planning the implementation of the Structured Decision Making™ (SDM) Family Risk Assessment tool. The tool, which will be fully implemented during 2006, provides a uniform way for CFSA investigators to collect, record, organize, and analyze relevant child and family information. CFSA investigators will have the benefit of an empirical tool to guide them in their clinical decision making processes.

### ***Effective Case Planning***

Another D.C. ASFA requirement is that abused and neglected children must have a case plan that is reviewed periodically to determine the child's safety and the progress made toward achieving permanency. The case plan is a written document that clearly outlines the child's placement requirements and resources as well the steps taken to ensure the child's safety. It assesses the child's needs, details the services to be offered, and designates timeframes for services so as to achieve reunification and/or permanency as appropriate. The plan should address the child's health and educational needs. It should also clearly state the steps to be taken (and timeframes) to achieve the child's ASFA-sanctioned permanency goal, be it reunification, adoption, guardianship, independent living, or Alternative Planned Permanent Living Arrangement.

The LaShawn Implementation Plan also requires CFSA to adhere to protocols for case plan development and administrative/supervisory review. CFSA is required to develop case plans within designated timeframes, and family stakeholders are to be an integral part of the development process.

CFSA has a series of policies that address the various case planning requirements. The most important modifications to the policy emphasize the joint development of case plans with key family stakeholders, the required review of case plans at least every 180 days<sup>7</sup>, and use of the Administrative Review to recommend permanency goals for children. CFSA has also added a level of quality assurance to the case planning process that documents family participation in the development of case plans – the Case Planning Acknowledgement Form. This process also provides an opportunity for any participating parent/family member to formally disagree with the tenets and requirements of the case plan.

---

<sup>6</sup>CFSA's LaShawn Implementation Plan Outcome Status Report for October 31, 2005

<sup>7</sup> As stated in the Program Policies/Foster Care/Placement Process/Case Planning policy in the CFSA online policies



The CFSA Court Monitor, in her July 2005 report, applauded CFSA's integration of the Family Team Meeting and the development of a Structured Decision Making Tool into the child and family case planning process<sup>8</sup>. Statistically, CFSA has made progress on the timeliness of development of case plans. As of the end of September 2005, 92% of children in the CFSA foster care for more than 30 days had current case plans. The Court Monitor acknowledges the significant progress that CFSA has made in this regard. Additionally, as of the end of September 2005, CFSA completed 98.5% of its Administrative Reviews within D.C. ASFA and LaShawn Implementation Plan required timeframes<sup>9</sup>.

### ***Family Preservation, Reunification, and Support Services***

D.C. ASFA requires that the District provide an array of services along the continuum of care wherever child abuse or neglect has occurred. This requirement is consistent with requirements of the LaShawn Implementation Plan as well. The overarching goal of these services is to ameliorate family issues and allow children to remain in their homes, or in the event of a home removal, to reunite with their families. CFSA has contracted with the Healthy Families/Thriving Community Collaboratives to provide a suite of services including community-based family preservation and support services, time limited family reunification services, and adoption promotion, which includes post-adoption services that support the adoption of children with special needs. These services are vital for addressing the broad range of challenges and issues facing families. CFSA and its contracted providers will continue to offer them into FY 2006.

#### ***Family Preservation Services***

CFSA's recent efforts toward expanding family preservation and reunification services to children and families have been significant. The Collaboratives offer an array of services for abuse/neglect prevention, family and foster care support, and aftercare services. The services include case management, visitation, housing assistance, parent/caregiver support, foster parent support, and information and referral. Additionally, children placed in Maryland who are aging out of care are provided aftercare services by the Collaboratives.

Appendix 3 at the end of this report contains a detailed map of the catchment areas of each Collaborative agency.

Through *Community Cases*, the Collaboratives provide family preservation services for those families that are not involved with the child protection system but whom, without some form of intervention, may be at-risk of involvement due to issues of abuse and/or neglect. Community Cases are brought to the attention of the Collaborative through referrals from the CFSA Hotline staff or investigators (diverted cases), through referrals from other agencies (community referrals), or from self-referrals by families. The

---

<sup>8</sup> Center for the Study of Social Policy. (2005). *LaShawn A. v. Williams: An Assessment of the District of Columbia's Progress as of June 30, 2005*. Report. Washington, DC: Author

<sup>9</sup> CFSA's LaShawn Implementation Plan Outcome Status Report for October 31, 2005

Collaborative maintains complete case responsibility for all of these Community Cases. Community Case Services include mental health referrals, financial assistance, housing support, education assistance, employment assistance, day care, visitation, and parenting education/training. In FY 2004, the Collaboratives served a total of 1,269 Community Cases, and in FY 2005, they served 1,547 Community Cases.

#### *Community-Based Family Support and Time Limited Reunification Services*

The Collaboratives provide *Supportive Assistance* to children and families who have a CFSA social worker who has full case management responsibility. Supportive assistance connects families with open CFSA cases to neighborhood-based support. All families served by CFSA are eligible for referral for supportive assistance if the birth family, foster parent, kin care provider, or young adult in care is living in the Collaborative's target area. The services associated with Supportive Assistance are identical to those offered for Community Cases. In FY 2004, the Collaboratives provided supportive assistance to 379 families, and in FY 2005, 469 families were served.

CFSA and its Collaborative partners understand that a child's physical return home is only the first step to a successful reunification. CFSA and the Collaboratives offer an array of aftercare and support services to empower reunified families to maintain safe and stable living environments for all family members. As part of its array of *time limited reunification services*, CFSA or Collaborative social workers maintain open cases for 3 to 6 months when children/youth are reunified with their families, and when young adults are either emancipating from the child welfare system, or are in a kinship, guardianship, or adoptive placement. They provide case management and youth aftercare services to help families build a community-based support network. The Collaboratives facilitate meetings with the youth, their family members, and others in their support system to ensure that each youth has a plan for achieving self sufficiency and/or independence. In FY 2004, the Collaboratives provided 60 families with aftercare services, and in FY 2005, 180 families received the service.

The Collaboratives provide children and families with *information and referral services* to community resources for immediate and long-term needs such as job placement, legal services, food and transportation assistance, mental health services, domestic violence services, medical services, and housing assistance programs. When appropriate, the Collaboratives refer families and individuals to services and resources in the District that they can access independently. The Collaborative agencies also maintain and regularly update a community resource listing for use by staff persons and partners. In FY 2004, the Collaboratives delivered 7,831 individual information and referral services, and in FY 2005, they delivered 6,418 individual information and referral services.

The Collaboratives' *capacity building initiatives* develop internal and community resources to meet the needs of residents in the target areas of each Collaborative. The Collaboratives actively seek to develop and to link residents with service providers by

holding monthly community meetings, training sessions, and forums. Each Collaborative has a roster of community partners and community-based organizations that address the needs of the community through joint ventures. The Collaboratives engage in a variety of staff and partner development activities including technical assistance, training, and Board of Directors' development. The Collaboratives facilitate internal and external training, distribute prevention and resource information to new residents and entities in the community each month, develop new strategic partnerships, and maintain a database containing viable resources to address various community needs.

### *Adoption Promotion and Support Services*

As is the case with recently reunified families, support services are often necessary to fully transition recently adopted children into their adoptive families. In FY 2005, in conjunction with the Mayor's Committee for Permanency for Children, CFSA developed a comprehensive plan for post-adoption services which includes internal resources and external community partners. In FY 2005, CFSA contracted for post-adoption services through the Adoption Resource Center. The Center helps families find community resources for mental health treatment, parenting skills training, emergency services, public health, academic support, and subsidies. Short-term counseling is available, and other resources include support groups, a 24-hour crisis hotline, and training seminars. The Center provided a variety of services to over 6,000 individuals. In addition, it trained 316 child welfare professionals and 214 parents during the year.

Beginning in FY 2006, CFSA is expanding post-permanency services by dedicating two full-time social workers to serve as post permanency social workers in the CFSA Adoption Services Division, providing support and linking families to competent post-permanency services. These workers will serve as an integral link for children and families to the Adoption Resource Center and additional newly purchased supports and resources designed to promote the family's well-being. These services are available to families with finalized adoptions and guardianships.

The federal Adoption Promotion Act of 2003 provides for payment of incentive funds to States that increase the number of children adopted in specific circumstances. In FY 2005, CFSA received a federal adoption incentive grant award in recognition of the high number of adoptions that the agency finalized during FY 2004 (392 adoptions finalized in 2004). This major achievement reflects the hard work and positive outcomes that CFSA affected on behalf of its foster children. The award money (\$1.02M) will be expended in FY 2006 on post permanency support services for children in adoptive placements. In FY 2005, CFSA continued its progress in achieving permanency for its foster children through adoption by finalizing 327 adoptions during that period.

Additionally, in order to address the clinical needs of many adopted children, CFSA and the Department of Mental Health (DMH), investigated methods to increase the availability of therapeutic services for children struggling with issues around adoption, such as dealing with the abuse or neglect by their parents, abandonment, grief and loss, and

bonding with their adoptive parents. There are three new mental health services that are now available to post-adoption, post-guardianship, and post-reunification families: Multi-Systemic Therapy (MST), Mobile Response and Stabilization Services (MRSS), and In-Home Community Based Services (IHCBS). These services are discussed in detail below.

### ***Mental Health, Substance Abuse, and Housing Services***

The 2003 Needs Assessment and Quality Service Reviews revealed that the various mental health, substance abuse, housing, and employment issues facing families served by CFSA required a greater coordination and integration of services among the various District government agencies, the Family Court, and the Healthy Families/Thriving Communities Collaboratives. To better address these issues, CFSA has spearheaded the effort to improve coordination with partner agencies in the District.

#### ***Mental Health Services***

In the area of mental health, CFSA has partnered with the D.C. Department of Mental Health (DMH) to streamline various intervention and therapeutic services to children being served by both systems of care. The following services were implemented in January 2005:

*Mobile Response Stabilization Service (MRSS)* is designed to provide immediate response to CFSA's children (age 5-21) living in foster homes, birth homes, or other settings. Service is available 24 hours per day, 7 days per week, and is immediately accessible through a phone triage system staffed by licensed clinicians from the DMH Access Hotline. These mobile teams provide immediate in-home intervention, which is designed to stabilize the current living arrangement and prevent inappropriate hospitalization, re-hospitalization or placement in a residential treatment facility. Stabilization service may be delivered at the site of intervention for up to eight (8) weeks and may include intensive therapeutic and rehabilitative intervention, in-community service, and behavioral assistance or short-term counseling. In FY 2005, 109 children received services through this program.

*Multisystemic Therapy (MST)* offers community-based treatment for youth (age 10-17) with complex clinical, social, and educational problems. This evidence-based model of practice is provided over a 4-6 month period and targets youth in foster care who are recommended for a community-based and family-focused program as an alternative to out-of-home placement due to antisocial behavior. This service also targets youth in foster care who are in non-acute out of home placements (e.g. therapeutic foster homes, residential treatment centers) due to antisocial behavior and are recommended for accelerated return to the community. In FY 2005, 133 children received MST services.

*Intensive Home and Community-Based Service (IHCBS)* includes a broad range of interventions for high risk children who are involved in multiple systems. It is an

intensive service, available 24 hours per day, 7 days per week, targeting children and youth with serious emotional/behavioral disorders and multiple service needs who require access to an array of mental health services and supports. Service is provided in the home and community where the youth lives and is designed to prevent out-of-home placements, and to reunify and transition youth from more restrictive placements. In FY 2005, 120 families received services through this program.

### *Substance Abuse Services*

The Needs Assessment identified substance abuse as a critical issue for its clients. Many families involved with CFSA had often exhausted their personal support networks because of substance abuse or other past behavior<sup>10</sup> and identified substance abuse services as essential for CFSA clients. Problems that co-exist with child abuse and neglect— substance abuse, domestic violence, and mental health conditions— contribute to high levels of family stress and to an increased potential for entry into the child welfare system. Parents that use illegal substances are often more likely to neglect their children, have mental health issues, and be involved with a violent partner<sup>11</sup>. In addition, children raised by substance abusers are more likely to perform poorly in school, experience depression, suffer from more school delinquency, and comprise a larger proportion of foster care placements<sup>11</sup>. CFSA has collaborated with other District agencies making significant efforts to address issues of substance abuse that heavily impact familial involvement in the child welfare system.

*The Family Treatment Court Program (FTCP)* is a voluntary comprehensive substance abuse treatment program for mothers/female guardians whose children are the subjects of a child neglect case. The FTCP came together in 2004 through the collaboration of CFSA, the D.C. Family Court, and the D.C. Addiction Prevention and Recovery Administration (APRA). Its success in affecting permanency outcomes for families dealing with substance abuse issues has led CFSA to renew its partnership with these other stakeholders to continue the program. During the first six months of the twelve month program, clients receive on-site and community based services in a residential treatment facility. This program is unique to the substance abuse treatment arena in that up to four children under the age of ten may accompany the parent into the residential program. Participants who successfully complete the residential phase graduate into the community-based aftercare phase, where they receive continuing care treatment through APRA and transitional housing funded by CFSA. Additionally, during the after-care phase participants receive community-based services such as housing, employment, educational, and mental health assistance to allow them to provide a safe and permanent home for themselves and their children. In FY 2005, 57 were accepted into this rigorous program.

---

<sup>10</sup> Child and Family Services Agency. (2004). *2003 Needs Assessment*. Report. Office of Planning, Policy and Program Support. Washington, DC: Author.

<sup>11</sup> Government of the District of Columbia. (2003). *First Citywide Comprehensive Substance Abuse Strategy for the District of Columbia*. Report. Mayor's Interagency Task Force on Substance Abuse Prevention, Treatment & Control. Washington, DC: Author.

*The Inner Journey Program* is a 20 week intensive outpatient treatment program that piloted from May through December 2005, during which time an average of 9 clients per week received services. In the intensive outpatient program, clients attend the program 4 days per week for a maximum of 12 weeks. Clients and providers take part in treatment and rehabilitation planning as well as clinical case management. Participants receive a mix of group and individual addiction counseling and psychotherapy treatment, family counseling medical services (as necessary and appropriate), drug screening and laboratory services, discharge and aftercare services, and also assessment and referral for vocational rehabilitation. In addition, the evidence-based *Effective Black Parenting* curriculum is provided to all of the families. The Effective Black Parenting model is a 15-week program that begins during the Intensive Outpatient level of care and is provided by instructors who have been trained and certified in this model. The pilot was funded by CFSA and administered by the District's Addiction Recovery and Prevention Administration (APRA). In 2006 APRA will fund and administer the major treatment components of the program, while CFSA will continue to fund the Effective Black Parenting component.

Together with the Department of Health's Addiction Prevention and Recovery Administration (APRA) and the District of Columbia Family Court, CFSA developed its first *Families Recovery Accountability Team (FRAT) Strategic Plan*. Within the framework of the findings of the Needs Assessment, CFSA and its partner agencies have committed themselves to identifying resources to improve and enhance substance abuse services provided to children and families involved in the District's child welfare system. Implementation of the strategic plan will assist the District of Columbia in taking major steps in overcoming many of the collaboration and coordination issues common among child welfare, substance abuse treatment agencies, and the courts.

### *Housing Support Services*

CFSA is working to identify resources within the District to alleviate the affordable housing issues that affect many of its clients. In FY 2005, in collaboration with the Community Partnership for the Prevention of Homelessness, CFSA and the Healthy Families/ Thriving Communities Collaboratives implemented the *Rapid Housing Program*, which provides housing resources and support to families whose barrier to reunification is a lack of housing, and also to provide support services to youth who are aging out of foster care and transitioning into independent living and adulthood. The Rapid Housing program offers financial assistance with rent and other move-in costs, utilities, furniture, support services, budget planning and credit counseling. Through partnerships with area landlords, the program served 48 families and 159 children in FY 2005. Additionally, 67 transitioning youth were served through the program in 2005, and 28 of these youth were teen parents (with a total of 32 children).

### ***Criminal Background Checks for Prospective Substitute Care Providers***

District law requires that persons seeking to become foster or adoptive parents must, among other things, submit to local and national criminal background fingerprinting

checks. D.C. foster and adoptive regulations also mandate criminal background checks. Presently, CFSA as well as a network of child placement licensing agencies recruit and license foster and adoptive homes. All providers must satisfy this requirement to obtain criminal background checks.

CFSA enforces this requirement both at the initial licensing stage as well as during license renewal for homes licensed in the District. The agency will not issue a license without the results of the local and federal FBI checks. Other state foster and adoptive homes must also complete criminal background checks, although the process for renewal may differ somewhat from the District's practice due to a particular state's regulations. The criminal background checks are done through a fingerprint check at all places where the applicant has resided or worked since 18 (for adoptive parents) and for, foster parents, where they have resided or worked for the last five years. Delays in the receipt of the FBI results have been problematic for completing licensing within 120 days.

The District also initiated a temporary licensing program for kin in the District. This program allows the District to place children with kin almost immediately after coming into foster care once a home assessment and child protection and criminal background checks are received. The FBI gave the District authority to gain access to the National Crime Information Center (NCIC) data bank of criminal offenses, solely, however to implement this program. The temporary licenses are time limited and the kin must complete the full licensing process within 120 days.

### ***Reasonable Efforts Determinations and Timely Permanency Planning***

The overarching goal of D.C. ASFA is to move foster children out of substitute care and into "safe and loving permanent homes" as quickly as possible. In the District, ASFA compliance regarding legal processes and documentation has challenged the existing stakeholders and processes, but there has been significant progress to date. CFSA and the D.C. Family Court are working collaboratively to make the necessary changes to bring the District into full compliance with D.C. ASFA and to achieve dramatically improved outcomes for children.

D.C. ASFA introduced legal checks at the time of home removal requiring that courts recognize that conditions in the home are "contrary to the child's welfare", and that the child welfare agency has made "reasonable efforts" to prevent removing the child. These checks are intended to ensure that home removals occur only when absolutely necessary, and that they are sanctioned by the Family Court. In order to comply with ASFA requirements, the Family Court updated initial hearing court orders to prompt judges to make necessary "contrary to welfare" and "reasonable efforts" determinations whenever appropriate. A judicial determination that CFSA has made "reasonable efforts" to prevent removal must be made within 60 days of the date of removal.

Although the court has up to 60 days to make such a ruling, in D.C. this finding was made at 88% of the initial/shelter hearings, which occur within 5 days of removal<sup>12</sup>.

Once a child has been placed in foster care, D.C. ASFA requires that a "permanency hearing" be held for a child no later than 14 months after a child's removal from home, and at least once every 12 months thereafter for as long as the child remains in substitute care. D.C. ASFA law goes beyond the permanency hearing requirements of the federal ASFA requirements<sup>13</sup>. At this hearing (and at subsequent permanency hearings), the D.C. Family Court must approve the child's "permanency plan", which details whether and when the child can return home or whether the child must be placed for adoption, or in another permanent living arrangement such as guardianship or custody with a relative. In addition, the court must adjudicate that the child welfare agency has made "reasonable efforts" to finalize the child's permanency plan. As it did with initial hearing court orders, the Family Court updated its permanency hearing court orders to prompt judges to clearly articulate the reasonable efforts that the agency made to affect the child's permanency plan. Current Family Court statistics indicate that 96% of children in care for 12 months or more received a permanency hearing within ASFA designated timeframes.<sup>14</sup>

### ***Notice and Opportunity to be Heard in Neglect and Parental Termination Proceedings***

D.C. ASFA requires that the D.C. Family Court and CFSA follow specific protocols regarding parties who should be notified about a court or administrative hearing. Prior to the Act, attorneys were required to inform birth parents of the occurrence of any Family Court neglect or termination hearing involving their biological child. However, the Act requires additional notification of Family Court hearings to key stakeholders in the child's life. They include: the child's current resource parents; the child's therapist; and, a relative or other individual with whom the child is currently placed.

As required by D.C. ASFA, CFSA began issuing notifications of regularly scheduled Family Court Hearings to key stakeholders in March 2004.<sup>15</sup> For Administrative Review Hearings, CFSA has published in its updated Administrative Review Hearings Policy explicit instructions for social workers and administrative and hearings officers as to who should be notified of the scheduling of an administrative hearing<sup>16</sup>.

---

<sup>12</sup> Statistics published in the Council for Court Excellence's Second Progress Report on the District of Columbia's Child Welfare Reform System. June 2004.

<sup>13</sup> D.C. Code 16-2323(a) (4) requires that the Family Court hold a permanency hearing within 12 months of placement, and then every 6 months thereafter for as long as the child remains in substitute care.

<sup>14</sup> Center for the Study of Social Policy. (2005). *LaShawn A. v. Williams: An Assessment of the District of Columbia's Progress as of June 30, 2005*. Report. Washington, DC: Author.

<sup>15</sup> Council for Court Excellence. (May 2004). *District of Columbia Child Welfare System: Compliance with the Adoption and Safe Families Acts and the DC Family Court Act*. (p. 28) Report. Washington, DC: Author

<sup>16</sup> CFSA's Administrative Hearings Policy, Procedure E: Scheduling of Hearings delineates notice requirements that comply with ASFA requirements.



## ***Administration of Interstate Adoptions and Adoption Subsidies***

D.C ASFA requires that any child who was eligible for adoption assistance payments during an initial adoption (which occurred on or after October 1, 1997) is to maintain that eligibility in a subsequent adoption if the initial adoption was disrupted either because the adoptive parents died or their parental rights were terminated. Additionally, the Act requires CFSA to have procedures related to interstate adoptions and medical assistance.

CFSA has promulgated a series of policies related to the administration of adoptions. Following the passage of D.C. ASFA, CFSA updated its Adoption Subsidy policies to clearly reflect CFSA's adherence to federal requirements:

Any child who was receiving a federal adoption subsidy on or after October 1, 1997, shall continue to remain eligible for the subsidy if the adoption is disrupted or if the adoptive parents die.<sup>17</sup>

Additionally, CFSA has promulgated policy regarding special needs interstate adoptions which clearly spells out the tenets and requirements of Medical coverage.<sup>18</sup>

---

<sup>17</sup> CFSA Policy as stated in the Adoption Services/Adoption Supports/Subsidies section of the online policy manual.

<sup>18</sup> CFSA Policy as stated in the Adoption Services/ASFA Requirements/Special Needs section of the online policy manual.

## CHAPTER 4: RECOMMENDATIONS FOR ADDITIONAL LEGISLATION OR SERVICES FOR OVERCOMING CHALLENGES

The challenges facing CFSA as it attempts to improve its services to the District's children and families are many. The progress that CFSA has made in recent years is significant. CFSA's intent in FY 2006 is to work with the Mayor's office in ushering through the legislative process the following:

Issues	Description	Justification of Need
Grantmaking Authority	To amend the CFSA Establishment Act to give the Agency the authority to make grants.	This authority will allow CFSA to create services in a manner that is quicker and less cumbersome than contracts in many cases (I.e. for federal dollars).
Access to Medical Information	To improve access to medical information for investigations of suspected child abuse and neglect.	Current law does not provide for CFSA access to medical records as part of the investigation of suspected child abuse or neglect. If a parent does not agree to provide access, the investigation may be slowed by the need to seek a court order. In order to improve the quality and timeliness of investigations of child abuse and neglect, CFSA is seeking mandated access to the medical records of the child who is the subject of the report as well as the child's siblings.
Criminal Background Checks	To amend the Child and Need of Protection Act's criminal background check provision to reflect the language of the Child and Youth Safety and Health Omnibus Act regarding criminal background clearances.	<p>A provision in the Child In Need of Protection Act (D.C. Official Code Sec. 4-1305.03-) requires "(3) A written statement, in a form established by the Agency, that includes the individual's current and prior residences and employment addresses as an adult, and that authorizes the Agency to obtain the individual's criminal records from a state in which the individual resided, worked, or is believed to have had another connection as an adult." This provision will require CFSA to obtain FBI clearances, plus clearances from DC, plus clearances from all jurisdictions a person has resided in.</p> <p>This provision in the legislation is causing delays in the licensing process and there is general consensus that this provision must be revisited.</p>

## CHAPTER 5: COMMENTS FROM THE MAYOR'S MULTIDISCIPLINARY COMMITTEE

The Child and Family Services Agency (CFSA) Establishment Act of April 2001 provides that “the comments submitted by a multidisciplinary committee that works to prevent child abuse and neglect and which the Mayor designates to receive and comment on the report” be included in the report to be submitted to the Mayor, the Council and the public. The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) has reviewed the draft Annual Public Report and provided the following comments:

The Mayor's Advisory Committee on Child Abuse and Neglect (MACCAN) was established by Mayoral order on December 14, 1988. The Committee consists of a minimum of twenty-one members who represent non-profit agencies and/or organizations that are involved in child protection, citizens knowledgeable of or concerned about the issue, and selected governmental agencies including but not limited to the Department of Human Services, the Metropolitan Police Department, the Superior Court of DC, the Office of Corporation Counsel, Child and Family Services Agency and the DC Public Schools. Members include, but are not limited to, child advocates, health and mental health professionals, individuals experienced in working with children with disabilities, and parents. Non-governmental members serve three-year terms of office. Government representatives serve at the pleasure of the Mayor. The Chair of the Committee is appointed from the non-governmental members and the Vice Chair is appointed from the governmental members.

### A. Task Force Purpose and Functions

The purpose of the Committee is to advise the Mayor and directors of selected government agencies on matters relating to the protection of abused and neglected children and the prevention and treatment of child abuse and neglect.

The Committee:

- a. promotes public awareness of programs;
- b. assists in improving services and coordinating the activities of public and voluntary agencies concerned with the prevention and treatment of child abuse and neglect;
- c. studies and makes appropriate recommendations with respect to needs assessments, proposals, policies, and legislation, and on the annual report on the implementation of the Child Abuse Prevention and Treatment Act of 1977;
- d. advises on standards for staff qualifications, caseload levels, and supervision requirements for agencies involved in the District's handling of abused and/or neglected children and their families;

- e. serves as the Multi-disciplinary Task Force for the purpose of administering the Children's Justice Act grants under Public Law 100-294, the Child Abuse and Treatment Act of 1988;
- f. issues an annual report on its activities; and
- g. undertakes such other duties as may be assigned.

### Findings and Recommendations

Every three years, MACCAN conducts a needs assessment of the child welfare system and develops strategies based on its findings. Findings and recommendations are summarized below, followed by comments specific to the annual report.

In recent years, the District has embarked on a number of innovative initiatives to prevent and enhance its response to child abuse and neglect. These include:

- a) A Family Treatment Court Pilot Program to enable parents who abuse drugs, alcohol, and/or other substances to remain with their children while receiving treatment;
- b) A subsidized guardianship program where individuals (usually relatives) care for children without terminating parent's rights;
- c) Creation of a family court following a "one judge, one child" protocol;
- d) Implementation of a computerized case tracking and management system;
- e) Provision of on-site coordination of social services in the Family Court;
- f) Use of ASFA Mediation;
- g) Use of family conferencing for case planning and disposition;
- h) Expanding the Family Court facility to accommodate all Family Court functions;
- i) Co-location of the Office of Corporation Counsel with CFSA for better communication and coordination;
- j) CFSA hiring a domestic violence specialist to provide training for child welfare workers and guidance on cases involving domestic violence.

Findings #1 - 10: The Committee concurs with the 2005 findings of the Council for Court Excellence, which follow:

- 1) The city's compliance with various ASFA deadlines for reaching decisions in child neglect and abuse cases is improving steadily, particularly in cases where the child has been removed from home.
- 2) Since 2002, mediation has been conducted within approximately 30 days after the start of nearly 100% of child neglect and abuse cases. This early mediation has resulted in full or partial settlements of more than 90% of those cases, thereby speeding their resolution.
- 3) The city is increasingly holding a permanency hearing within 14 months of a child's removal from home. It is close to full compliance with the requirement to decide the child's permanency goal at that hearing, but it must do a much better job of setting a date for achieving that goal.

- 4) Parents are not consistently notified of ASFA reunification deadlines. CCE court observers reported that the court discussed ASFA reunification deadlines in only one of the 13 initial hearings observed and in only 10 of the 170 permanency hearings at which parents or other family members were present.
- 5) DC children who can be safely reunified with their families are now going home in less than one year—less than half the time it took before the city began implementing ASFA in 2000.
- 6) Over 1,000 children now in foster care in the District have a permanency goal of adoption, but over one-third of them are not yet placed in pre-adoptive homes. In cases CCE studied that have been open since 1998, 47% of the children have an unrealized goal of adoption.
- 7) The District of Columbia created and locally funded a subsidized guardianship program that began in fiscal year 2002, aimed at placing more foster children in permanent homes. Under the program, finalized guardianships have increased from 13 in 2002, to 113 in 2003, and 89 in the first half of 2004.
- 8) The Family Court reports that approximately 25% of DC children in the system will reach adulthood and leave the child welfare system without finding a permanent family. Though the court and CFSA have created programs that reach some of the children in this population, not all children are aware of these services.
- 9) Since implementation of the Family Court Act, all child neglect and abuse court cases and other family law cases are being handled by judicial officers with experience and expertise in family law who have volunteered for extended terms of Family Court service. Family Court officers generally ensure that parents and other lay persons understand court proceedings and permit them to speak and ask questions.
- 10) The Mayor, with the assistance of the Family Court, has established a multi-agency liaison office at the courthouse designed to help coordinate social services for court-involved families. The Mayor has made less progress in integrating the computer system of the Family Court with the systems of District of Columbia social service agencies.

**The Committee offers the following additional findings:**

- Finding # 11: Placing children across jurisdictions takes excessive amounts of time, and some children are moved several times before they are placed.
- Finding #12: Additional refinement of child welfare laws is still needed. While laws have been revised, more refinement is needed to address existing gaps.
- Finding # 13: There continues to be inadequate outreach, services, and resources for abused and/or neglected non-English speaking and immigrant children.
- Finding #14: Although progress has been made in CFSA's Program Improvement Plan for compliance with federal regulations, more work is needed.
- Finding #15: African-American children continue to be over-represented in the child welfare system.
- Finding #16: One of the big issues emerging under ASFA is that, under the

permanency timelines, we are forcing children into adoptions that the adoptive parents may not be ready for. The idea is that they don't languish in foster care, but we are pushing people to adopt who aren't ready to adopt.

**Finding #17:** CFSA has inadequate aftercare support services for adoptive families and inadequate support services for foster families. The adoptions that are failing are the families who are running into difficulties and find that the aftercare support services aren't there to help.

## **Recommendations**

### **A. Investigative, Administrative, and Judicial Handling of Cases**

The Committee also concurs with the recommendations submitted by the Council for Court Excellence, which follow.

- 1) **Notify Parents Orally and in Writing of ASFA Reunification Deadlines** – Parents' attorneys, social workers, and judges, in particular, have an obligation to advise parents whose children have been removed from their care of ASFA reunification deadlines. Advice should be given early and often, orally and in writing, as long as reunification is a possible goal.
- 2) **Improve the Quality of Permanency Hearings to Expedite Permanency** – As required by ASFA, a date for achieving a child's permanency plan must be set at the initial permanency hearing, and the parties must work to achieve the child's permanency goal by that date.
- 3) **Expedite Permanency for Children with the Goal of Adoption** – More than 1,000 DC foster children have a permanency goal of adoption but have not yet been adopted. CFSA and the Family Court must work to overcome impediments to timely adoption.
- 4) **Improve Coordination of Appropriate Services** – Routinely ordering a multitude of services solely because they are available should not be allowed to continue. CFSA, the court, and other parties including the family must cooperate to
  - A. identify the family's needs;
  - B. create an individual service plan that works with the family's strengths and circumstances; and
  - C. re-evaluate the plan regularly to ensure that the services continue to be effective, properly sequenced, and aimed at finding a permanent home promptly for the child.

- 5) **Avoid Assigning a Goal of APPLA** – Too many DC children were badly served by the formerly dysfunctional DC child welfare system and will likely leave that system as young adults without finding permanent families. More work must be done to ensure that all system participants understand when another planned permanent living arrangement is an appropriate permanency goal and make every effort to find children permanent homes with families.
- 6) **Locate Funding to Implement the Safe Passages Information Suite** – Federal funding should be sought to close the \$30 million gap in funding that is required to implement the Mayor's Safe Passages Information Suite, a computerized information sharing system called for by the Family Court Act to integrate the Family Court's information systems of the city's social service agencies.
- 7) **Expand the Capacity of the Mayor's Service Liaison Office** – For the Mayor's Liaison Office to meet the increasing demand for its services, it must have additional space for conducting private meetings and a means of recording the number of multi-service referrals it receives, including the number that are successfully resolved.
- 8) **Make Court Orders Available at the End of the Hearing or Shortly Thereafter**- Court orders should be available for distribution or mailing at the end of a hearing so that all parties have a written record of the court's rulings, including the date and time set for the next hearing

**The Committee offers the following additional recommendations:**

#### **B. Experimental, Model, and Demonstration Programs**

- |                          |  |
|--------------------------|--|
| <u>Recommendation 1:</u> | Fully implement Family Conferencing as a tool for resolution of child maltreatment cases.  |
| <u>Recommendation 2:</u> | Continue to implement and track the effectiveness of ASFA mediation for child maltreatment cases.  |
| <u>Recommendation 3:</u> | Continue to enhance strategies and procedures for addressing the intersection between child maltreatment and other forms of family violence. |
| <u>Recommendation 4:</u> | Formalize the Family Violence Coordinating Council.  |
| <u>Recommendation 5:</u> | Enhance the response of the system for Non-English speaking and immigrant children who are abused and/or neglected.                          |

#### **C. Legislative Reform**

- |                          |  |
|--------------------------|--|
| <u>Recommendation 1:</u> | Continue to review and revise, as necessary, child abuse and |
|--------------------------|--|

neglect statutes.

- Recommendation 2: Pass legislation to address the following issues – support for un-emancipated youth who are living on their own, voluntary placement of children, and the age at which a parent can legally leave a child at home unsupervised.
- Recommendation 3: Continue to enhance strategies and procedures for addressing the intersection between child maltreatment and other forms of family violence.
- Recommendation 4: Formalize the Family Violence Coordinating Council.
- Recommendation 5: Enhance the response of the system for Non-English speaking and immigrant children who are abused and/or neglected by developing culturally competent outreach efforts to the Latino non-English speaking and immigrant populations and enhancing the knowledge of mandated reporters who serve the population.
- Recommendation 6: Promote protocols for addressing statutory rape.
- Recommendation 7: Develop protocols and train staff to eliminate over-representation of African-American children in the child welfare system.

Following are comments gathered and summarized after reviewing this report, “2005 Annual Public Report: Implementing the Adoption and Safe Families Amendment Act of 2000 in the District of Columbia,” in accordance with the “Act Establishing CFSA as a Cabinet Level Agency,” item G, “The comments submitted by a multidisciplinary committee that works to prevent child abuse and neglect and which the Mayor designates to receive and comment on the report.”

MACCAN recommends that CFSA:

- **Increase the number of foster and adoptive parents.** Part of the reason the District has a problem recruiting and retaining foster and adoptive parents is the lack of incentives for foster parents. Right now, there are more disincentives than incentives for foster parenting. There is a policy now that says that if a licensed foster parent takes a severely disturbed child into their home and they are good and do a wonderful job with that child and the child stabilizes and goes to school and makes progress, CFSA reduces their rate. For the child who goes into a home where the foster parent doesn't have a clue what to do with him and he continues to have emotional problems, CFSA raises his rate. This policy does not help with foster parent recruitment or retention.



- **Increase resources for foster and adoptive parents.** Incidents of no-support have been cited where people are not rewarded, whether staff or foster parents, for extending themselves. For instance, a common practice is if a parent has a child that goes into a psychiatric hospital and that parent sticks with that child, and visits them and takes that child back home with them afterwards and continues treatment, CFSA does not pay them for the month the child is in the hospital. Instead, they are told “Well, they weren’t sleeping in your bed, therefore you don’t get paid.” So consequently, when the child goes into the hospital, they say, “goodbye,” another child is placed in their home, and the first child is stranded.
- **Increase support for parents raising difficult children.**
- **Use the Case Planning Acknowledgement Form as it is intended.** The form is supposed to be signed by the child and a parent, but MACCAN members have rarely, if ever, seen the child’s and/or parent’s signatures on the form. The form is signed by a social worker and her/his superior, and filed every six months. There is no evidence that the child and parent know of the form or have been informed of its function or contents. This is a perfunctory compliance issue that could substantially improve services.
- **Increase funds for post emancipation.** CFSA is supposed to pay a child’s rent for a year, post emancipation, but “rapid housing” money has been reduced, so there are kids on the street now with nowhere to go.
- **Address the issue of cultural competence.** The issue of cultural competence was not referenced in this report. Cultural competence should be infused throughout CFSA’s practice, particularly given the over-representation of African-American children in the system.
- **Information regarding outcomes of referrals and service provision should be included in the report. Outcome data is also needed regarding the new initiatives identified in the report, if possible.** While the initiatives are discussed, little information is provided on the success, failure or challenges of the initiatives. Noting that they are happening and providing the number of children that received the service do not support the use of the interventions.
- **More information is needed on the type and frequency of training and development activities provided for clinical staff.**

Respectfully submitted by:

---

**Kinaya C. Sokoya, Chair**  
**Mayor's Advisory Committee on Child Abuse & Neglect**

---

**Elizabeth A. Circo, Project Coordinator**  
**Mayor's Advisory Committee on Child Abuse & Neglect**

**Members of the Mayor's Advisory Committee on Child Abuse & Neglect**

- ★ **Dr. Herman Ray Barber, Vice Chair, Child and Family Services Agency**
- ★ **Dr. Tricia Bent-Goodley, Howard University School of Social Work**
- ★ **Ms. Eve Brooks, Center for Student Support Services**
- ★ **Judge Tara Fentress, DC Superior Court/Family Division**
- ★ **Ms. Sharan James, Child Fatality Review Committee**
- ★ **Judge Anita Josey-Herring, DC Superior Court/Family Division**
- ★ **Ms. Judith Katz, Private Practice**
- ★ **Dr. Allison McCarley Jackson, Children's National Medical Center**
- ★ **Ms. Sylvia Pauling-Williams, Child and Family Services Agency**
- ★ **Ms. Ann Radd, Volunteers for Abused and Neglected Children**
- ★ **Judge Lee Satterfield, DC Superior Court/Family Division**
- ★ **Ms. Anne Schneiders, National Association of Counsel for Children**
- ★ **Ms. Marilyn Seabrooks, Department of Health**
- ★ **Ms. Jacqueline Shillings, Ward 8 Citizen**
- ★ **Ms. Matilde Springer, DHS, Office of Early Childhood Development**
- ★ **Ms. Sherrill Taylor, Family and Child Services**
- ★ **Mr. Henning Vent, Office of the Attorney General for the District of Columbia**

## APPENDIX 1: EXCERPT FROM THE ESTABLISHMENT ACT OF APRIL 2001

(10) Prepare and submit to the Mayor, the Council, and the public a report to be submitted no later than February 1 of each year; which shall include:

(A) A description of the specific actions taken to implement the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850);

(B) A full statistical analysis of cases including:

(i) The total number of children in care, their ages, legal statuses, and permanency goals;

(ii) The number of children who entered care during the previous year (by month), their ages, legal statuses, and the primary reasons they entered care;

(iii) The number of children who have been in care for 24 months or longer, by their length of stay in care, including:

(I) A breakdown in length of stay by permanency goal;

(II) The number of children who became part of this class during the previous year; and

(III) The ages and legal statuses of these children;

(iv) The number of children who left care during the previous year (by month), the number of children in this class who had been in care for 24 months or longer, the ages and legal statuses of these children, and the reasons for their removal from care; and

(v) The number of children who left care during the previous year, by permanency goal; their length of stay in care, by permanency goal; the number of children whose placements were disrupted during the previous year, by placement type; and the number of children who re-entered care during the previous year;

(C) An analysis of any difficulties encountered in reaching the goal for the number of children in care established by the District;

(D) An evaluation of services offered, including specific descriptions of the family preservation services, community-based family support services, time-limited family reunification services, and adoption promotion and support services including:

(i) The service programs which will be made available under the plan in the succeeding fiscal year;

(ii) The populations which the program will serve; and

(iii) The geographic areas in which the services will be available;

(E) An evaluation of the Agency's performance;

(F) Recommendations for additional legislation or services needed to fulfill the purpose of the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850); and

(G) The comments submitted by a multidisciplinary committee that works to prevent child abuse and neglect and which the Mayor designates to receive and comment on the report.

## **APPENDIX 2: CFSA STATISTICS ON FOSTER CARE AND PERMANENCY OUTCOMES**

The reporting period for the 2006 Mayor's Annual Public Report is FY 2005. However, for the purposes of establishing benchmarks and for measuring agency progress from year to year regarding positive permanency outcomes, CFSA has included reports encompassing FY's 2004 and 2005.

These reports originate from CFSA's FACES management information system, and the statistics reflected herein depict FY 2004 and FY 2005 figures as of the January 13, 2006 "run date" of the data reports.

In ensuing submissions of the Mayor's Annual Public Report, CFSA will submit statistics only for the reporting period.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child and Family Services Agency**



**FACES Data for the Reporting Years 2005 and 2004 included in the  
Mayor's Annual Report**

**Goal:** Prepare and submit to the Mayor, the Council, and the public a report to be submitted not later than February 1 of each year; which shall include:

- (A) A description of the specific actions taken to implement the Adoption and Safe Families Amendment Act of 2000, effective June 27, 2000 (D.C. Law 13-136; 47 DCR 2850);
- (B) A full statistical analysis of cases including the following:
  - (i) The total number of children in care, their ages, legal statuses, and permanency goals for FY's 2005 and 2004;

**(i) a. Total Number of Children in Foster Care (FY05): 2704 and (FY04): 2824 (as of September 30<sup>th</sup>)**

(i) b. The Ages of Children in Foster Care

Age	Number of Children FY05	Number of Children FY04
<1 Year	69	50
1	92	73
2	83	92
3	92	97
4	90	74
5	77	106
6	88	110
7	94	130
8	112	134
9	113	122
10	119	140
11	144	183
12	167	149
13	142	190
14	200	178
15	186	188
16	205	183
17	180	181
18	170	163
19	139	158
20	138	122
21	4	1
<b>Total # of Children in Foster Care</b>	<b>2704</b>	<b>2824</b>

Table 1.

**(i) c. The Legal Statuses of Children in Foster Care**

<b>Legal Status</b>	<b>Number of Children FY05</b>	<b>Number of Children FY04</b>
Voluntary Placement*	<b>1</b>	<b>0</b>
Administrative Hold	<b>39</b>	<b>28</b>
Shelter Care	<b>225</b>	<b>174</b>
Commitment	<b>2402</b>	<b>2575</b>
Conditional Release – Parent	<b>1</b>	<b>1</b>
Conditional Release – Third Party	<b>1</b>	<b>0</b>
Protective Supervision	<b>4</b>	<b>1</b>
No Legal Status Listed on FACES	<b>26</b>	<b>28</b>
Non-Ward	<b>1</b>	<b>5</b>
Private/Third Party Placement	<b>3</b>	<b>10</b>
Relinquishment	<b>1</b>	<b>2</b>
<b>Total # of Children in Foster Care</b>	<b>2704</b>	<b>2824</b>

Table 2

\* The FY 2005 Voluntary Placement was an extraordinary circumstance and was put in place following the intervention of the CFSA Director.

**Legal Status Definitions:**

Administrative Hold – This is a shelter care status whereby the Court allows CFSA to maintain custody of a child for a brief period until the next court hearing.

Shelter care – Child has been removed from the home and is in CFSA custody, but there is not yet a finding of neglect by Court (either by trial or stipulation).

Commitment – This is the legal status assigned to a child in CFSA custody after a finding of neglect has been made by the Court and after the Court holds the disposition hearing.

Conditional release – Child has been removed from the home, but the Court places the child with a parent or a third party prior to a finding of neglect by the Court (either by trial or stipulation).

Protective Supervision – This is the legal status assigned to a child who is placed with parent by the Court after the Court has held the disposition hearing and made a finding of neglect.

Non-Ward – This term refers to the child of a minor child who is in the care and custody of CFSA. The non-ward is in placement, but is in the custody of the minor parent.

Third party (private placement) – is the legal status assigned to a child who is placed with a third party by the Court after the Court has made a finding of neglect and held the disposition hearing.

Relinquishment – The birth or legal parent gives up all rights to the child.



**(i) d. The Permanency Goals of Children in Foster Care**

<b>Permanency Goal</b>	<b>Number of Children FY05</b>	<b>Number of Children FY04</b>
Reunification	<b>580</b>	<b>464</b>
Guardianship	<b>415</b>	<b>459</b>
Adoption	<b>659</b>	<b>870</b>
Legal Custody	<b>3</b>	<b>6</b>
Alternative Planned Permanent Living Arrangement (APPLA)*	<b>806</b>	<b>783</b>
No Goal Listed on FACES**	<b>241</b>	<b>242</b>
<b>Total # of Children in Foster Care</b>	<b>2704</b>	<b>2824</b>

**Table 3.**

\*APPLA includes permanency goals of Independent Living, Long Term Foster Care, and Long Term Residential Placement

\*\* Children listed in FACES with "No Goal" had already achieved their permanency plan during the reporting period, although they remained in paid placement thereafter.

(ii) The number of children who entered care during the previous year (by month), their ages, legal statuses, and the primary reasons they entered care;

**(ii) a. Total Number of Children Entering Care during the previous year (FY05): 987\* and (FY04) : 871\***

\* This includes children whose original placement in foster care occurred prior to the beginning of the reporting period, and who during the reporting period re-entered care.

**(ii) b. Total Child Placements into Foster Care (by Age and by Month)**

Age in Years	Month and Year FY05											
	Oct 04	Nov 04	Dec 04	Jan 05	Feb 05	Mar 05	Apr 05	May 05	Jun 05	Jul 05	Aug 05	Sep 05
<1 Year	8	6	7	6	8	16	13	11	7	16	8	10
1	3	5	2	7	1	7	4	3	5	7	7	6
2	7	2	1	5	5	9	4	5	4	4	1	5
3	6	3	3	7	5	8	1	5	4	5	5	5
4	6	5	3	3	3	6	3	8	4	3	2	5
5	8	2	5	3	3	5	5	7	4	3	6	5
6	2	3	4	2	5	8	4	4	5	4	3	7
7	4	4	3	2	3	4	3	2	6	2	6	6
8	4	2	2	6	3	3	0	10	5	1	3	6
9	2	2	3	5	1	10	5	2	4	10	4	3
10	2	0	5	2	2	8	3	8	8	1	2	4
11	5	4	4	6	2	6	5	5	6	7	3	6
12	6	1	2	1	7	9	3	8	7	7	2	7
13	4	3	2	4	4	7	6	6	1	8	7	4
14	2	4	6	0	3	8	8	12	9	4	3	7
15	5	3	3	4	2	6	8	10	6	3	4	4
16	1	3	2	4	3	3	1	7	9	0	3	7
17	2	1	1	1	2	3	3	3	3	4	3	1
18*	0	0	0	1	0	0	0	0	2	0	1	1
19+	0	1	0	0	0	0	0	0	1	0	0	0
<b>Total Placements for the Month**</b>	<b>77</b>	<b>54</b>	<b>58</b>	<b>69</b>	<b>62</b>	<b>126</b>	<b>79</b>	<b>116</b>	<b>100</b>	<b>89</b>	<b>73</b>	<b>99</b>

**Table 4.**

\*18+ year old children entering care were actually placed prior to fiscal year, but re-entered care following 3<sup>rd</sup> party placements or abscondences.

\*\* Column sub-totals do not add up to values in each column. Children may enter and exit care multiple times within the reporting period. While these multiple placements are reflected within the matrix, children who have already entered care previously within the reporting period are NOT re-counted in the sub-total should they re-enter later in the reporting period.

**(ii) b. Total Child Placements into Foster Care (by Age and by Month)**

Age in Years	Month and Year FY04											
	Oct 03	Nov 03	Dec 03	Jan 04	Feb 04	Mar 04	Apr 04	May 04	Jun 04	Jul 04	Aug 04	Sep 04
<1 Year	7	2	3	11	9	8	9	15	13	7	3	9
1	7	4	1	4	5	12	5	6	5	7	3	1
2	5	6	4	5	5	4	2	4	4	3	1	8
3	2	2	1	3	1	11	5	7	4	2	3	12
4	3	3	4	6	1	4	1	10	2	2	4	2
5	5	2	1	3	4	6	2	1	3	5	5	6
6	5	3	1	5	4	5	1	10	5	1	4	7
7	4	2	3	4	4	6	3	2	4	4	7	6
8	3	2	1	6	6	4	3	3	6	1	3	5
9	3	4	3	6	8	5	4	5	3	2	2	2
10	9	2	0	4	2	6	0	6	2	4	6	2
11	2	3	1	3	5	5	4	3	3	1	3	8
12	6	3	5	1	5	5	4	6	5	4	6	1
13	5	7	2	3	4	4	6	12	2	6	5	6
14	5	4	4	1	5	4	4	9	2	4	1	6
15	5	3	3	5	5	4	3	6	2	3	3	6
16	7	2	2	3	3	2	2	3	1	4	0	6
17	2	3	1	1	1	4	2	4	2	2	3	2
18*	1	0	0	2	0	1	0	1	0	3	0	0
19+	1	0	0	0	0	3	1	1	0	0	0	0
<b>Total Placements for the Month**</b>	<b>87</b>	<b>57</b>	<b>40</b>	<b>76</b>	<b>77</b>	<b>103</b>	<b>61</b>	<b>114</b>	<b>68</b>	<b>65</b>	<b>62</b>	<b>95</b>

**Table 4.**

\*18+ year old children entering care were actually placed prior to fiscal year, but are listed herein following 3<sup>rd</sup> party placements or abscondences.

\*\* Column sub-totals do not add up to values in each column. Children may enter and exit care multiple times within the reporting period. While these multiple placements are reflected within the matrix, children who have already entered care previously within the reporting period are NOT re-counted in the sub-total should they re-enter later in the reporting period.

**(ii) c. Total Child Placements into Foster Care (by Legal Status at Time of Placement and by Month)**

Legal Status	Month and Year ~ FY05											
	Oct 04	Nov 04	Dec 04	Jan 05	Feb 05	Mar 05	Apr 05	May 05	Jun 05	Jul 05	Aug 05	Sep 05
Administrative Hold	20	26	18	22	32	61	34	61	45	50	31	32
Commitment	10	7	4	8	0	11	7	4	10	9	4	10
Conditional Release - Parent	0	0	0	0	0	0	1	1	4	0	0	0
Conditional Release - Third Party	1	0	2	4	0	1	2	0	0	0	0	0
FACES Indicates No Court Involvement	1	0	3	0	1	0	0	5	4	4	0	0
No Legal Status Listed on FACES	11	3	4	11	1	8	12	24	10	7	6	19
Non-Ward	0	1	1	0	0	0	0	0	0	0	1	0
Private/Third Party Placement	4	4	0	3	0	4	3	2	4	2	13	7
Protective Supervision	2	3	5	4	1	4	0	1	3	3	3	5
Shelter Care	27	10	21	17	27	37	20	18	20	14	15	26
Voluntary Placement*	1	0	0	0	0	0	0	0	0	0	0	0
<b>Total Placements for Month**</b>	<b>77</b>	<b>54</b>	<b>58</b>	<b>69</b>	<b>62</b>	<b>126</b>	<b>79</b>	<b>116</b>	<b>100</b>	<b>89</b>	<b>73</b>	<b>99</b>
Legal Status	Month and Year ~ FY04											
	Oct 03	Nov 03	Dec 03	Jan 04	Feb 04	Mar 04	Apr 04	May 04	Jun 04	Jul 04	Aug 04	Sep 04
Administrative Hold	27	23	13	22	34	46	21	47	34	14	22	41
Commitment	17	8	9	13	7	11	18	17	7	16	13	4
Conditional Release - Parent	2	0	0	1	0	0	0	0	1	1	7	1
Conditional Release - Third Party	1	1	1	0	3	0	0	4	1	0	1	1
FACES Indicates No Court Involvement	0	0	0	5	1	0	1	0	0	2	1	11
No Legal Status Listed on FACES	7	2	1	3	3	7	3	5	3	5	0	5
Non-Ward	0	0	1	0	0	0	0	0	4	0	0	0
Private/Third Party Placement	7	4	4	2	4	7	4	5	3	4	5	1
Protective Supervision	4	9	0	8	2	12	1	2	2	0	2	2
Shelter Care	22	10	11	22	23	20	13	34	14	22	11	29
Voluntary Placement	0	0	0	0	0	0	0	0	0	1	0	0
<b>Total Placements for Month**</b>	<b>87</b>	<b>57</b>	<b>40</b>	<b>76</b>	<b>77</b>	<b>103</b>	<b>61</b>	<b>114</b>	<b>68</b>	<b>65</b>	<b>62</b>	<b>95</b>

Table 5.

\* The FY 2005 Voluntary Placement was an extraordinary circumstance and was put in place following the intervention of the CFSA Director.

\*\* Column sub-totals do not add up to values in each column. Children may enter and exit care multiple times within the reporting period. While these multiple placements are reflected within the matrix, children who have already entered care previously within the reporting period are NOT re-counted in the sub-total should they re-enter later in the reporting period.

**(ii) d. Total Child Placements into Foster Care (by Primary Reason for Entering Care and by Month)**

Entry Reason	Month and Year FY05											
	Oct 04	Nov 04	Dec 04	Jan 05	Feb 05	Mar 05	Apr 05	May 05	Jun 05	Jul 05	Aug 05	Sep 05
Abandonment	2	0	6	0	1	0	1	2	3	6	3	2
Alcohol Abuse (Child)	0	0	0	0	0	0	0	1	0	0	0	0
Alcohol Abuse (Parent)	6	4	0	7	3	2	5	3	1	4	2	0
Caretaker ILL/ Unable to Cope	6	2	7	0	4	7	0	2	7	5	4	0
Child's Behavior Problem	0	2	1	1	2	1	0	3	6	2	5	5
Child's Disability	0	0	0	0	0	0	0	0	0	1	0	0
Death of Parent(s)	2	0	3	0	2	0	1	0	1	0	0	0
Drug Abuse (Child)	0	0	0	0	1	2	1	1	0	1	2	1
Drug Abuse (Parent)	14	3	7	8	6	17	6	5	23	13	10	8
Inadequate Housing	9	1	3	10	1	13	1	8	7	3	4	4
Incarceration of Parent(s)	4	7	0	2	2	4	1	0	11	3	1	14
Neglect (Alleged/Reported)	49	30	32	46	41	85	62	66	55	57	37	60
No Reason Specified	1	0	0	0	0	0	0	0	0	0	0	0
Non-Committed Child of Teen	0	1	1	0	0	0	0	0	0	0	0	0
Physical Abuse (Alleged/Reported)	15	13	10	25	18	24	19	40	23	11	17	21
Relinquishment	0	0	0	0	2	0	0	0	0	1	1	0
Sexual Abuse (Alleged/Reported)	0	0	3	0	0	4	1	17**	3	1	4	6
Voluntary**	3	0	2	0	0	2	0	0	2	3	7	5
<b>Total Placements for the Month*</b>	<b>77</b>	<b>54</b>	<b>58</b>	<b>69</b>	<b>62</b>	<b>126</b>	<b>79</b>	<b>116</b>	<b>100</b>	<b>89</b>	<b>73</b>	<b>99</b>

**Table 6.**

\* Column sub-totals do not add up to values in each column. Children may enter and exit care multiple times within the reporting period, and children who have already entered care previously within the reporting period are NOT re-counted should they re-enter later in the reporting period. Additionally, at the time of placement, multiple reasons for placement may be indicated for each child.

\*\* CFSA obtained court custody of all children who are listed in this category. A review of the cases within this category revealed that the "voluntary" categorization describes the mindset and attitude of the caretaker from whom the child was removed, but is NOT a descriptor of the legal custody status of the child at the time of removal. These are NOT voluntary placement agreements.

**(ii) d. Total Child Placements into Foster Care (by Primary Reason for Entering Care and by Month)**

Entry Reason	Month and Year FY04											
	Oct 03	Nov 03	Dec 03	Jan 04	Feb 04	Mar 04	Apr 04	May 04	Jun 04	Jul 04	Aug 04	Sep 04
Abandonment	4	3	2	2	2	5	2	2	2	6	1	1
Alcohol Abuse (Child)	0	0	0	0	0	1	0	0	0	0	0	0
Alcohol Abuse (Parent)	3	0	1	3	1	5	6	4	3	0	3	1
Caretaker ILL/ Unable to Cope	3	4	2	7	1	13	4	6	0	4	1	2
Child's Behavior Problem	7	2	4	5	4	8	1	7	3	5	3	2
Child's Disability	1	0	1	0	0	0	0	0	0	0	0	0
Death of Parent(s)	0	0	0	0	0	0	0	4	1	0	0	0
Drug Abuse (Child)	1	0	0	1	2	1	1	0	0	0	0	0
Drug Abuse (Parent)	8	9	9	24	12	21	9	12	8	8	12	7
Inadequate Housing	2	0	2	5	6	8	3	9	4	3	5	18
Incarceration of Parent(s)	1	3	7	2	7	7	5	2	7	0	6	0
Neglect (Alleged/Reported)	61	33	19	44	44	73	31	49	30	34	39	70
No Reason Specified	0	0	1	0	0	1	0	0	0	0	0	0
Non-Committed Child of Teen	0	0	1	0	0	1	0	1	4	0	0	0
Physical Abuse (Alleged/Reported)	10	19	10	10	22	11	14	36	23	12	9	20
Relinquishment	1	0	0	1	0	0	0	1	0	2	0	1
Sexual Abuse (Alleged/Reported)	2	6	4	2	0	4	6	6	1	1	0	4
Voluntary**	4	2	0	5	1	1	0	4	0	0	4	1
<b>Total Placements for the Month*</b>	<b>87</b>	<b>57</b>	<b>40</b>	<b>76</b>	<b>77</b>	<b>103</b>	<b>61</b>	<b>114</b>	<b>68</b>	<b>65</b>	<b>62</b>	<b>95</b>

**Table 6.**

\* Column sub-totals do not add up to values in each column. Children may enter and exit care multiple times within the reporting period, and children who have already entered care previously within the reporting period are NOT re-counted should they re-enter later in the reporting period. Additionally, at the time of placement, multiple reasons for placement may be indicated for each child.

\*\* CFSA obtained court custody of all children who are listed in this category. A review of the cases within this category revealed that the "voluntary" categorization describes the mindset and attitude of the caretaker from whom the child was removed, but is NOT a descriptor of the legal custody status of the child at the time of removal. These are NOT voluntary placement agreements.

- (iii) The number of children, who have been in care for 24 months or longer, by their length of stay in care, including:
- (a) A breakdown in length of stay by permanency goal;
  - (b) The number of children who became a part of this class during the previous year;
  - (c) The ages and legal statuses of these children;

**(iii) a. The Number of Children in Care for 24 months or Longer (by Permanency Goal and Length of Stay)**

Permanency Goals	Length of Stay in Months ~ FY05						
	24 - 30	31 - 36	37 - 42	43 - 48	49 - 60	61+	# of Children
Reunification	11	7	3	5	1	5	32
Guardianship	41	22	16	11	23	30	143
Adoption	77	50	35	19	54	136	371
Legal Custody	2	0	0	0	0	0	2
Alternative Planned Permanent Living Arrangement*	54	36	36	32	46	187	391
No Goal Listed in FACES**	9	1	0	2	1	9	22
<b>Total # of Children in Care***</b>	<b>194</b>	<b>116</b>	<b>90</b>	<b>69</b>	<b>125</b>	<b>367</b>	<b>961</b>

Permanency Goals	Length of Stay in Months ~ FY04						
	24-30	31-36	37-42	43-48	49-60	61+	# of Children
Reunification	18	9	1	8	8	6	50
Guardianship	41	13	18	22	34	45	173
Adoption	86	72	47	50	135	181	571
Alternative Planned Permanent Living Arrangement (APPLA)*	67	40	37	35	70	178	427
No Goal Listed in FACES**	10	9	7	3	5	13	47
<b>Total # of Children in Care***</b>	<b>222</b>	<b>143</b>	<b>110</b>	<b>118</b>	<b>252</b>	<b>423</b>	<b>1268</b>

**Table 7.**

\* APPLA includes permanency goals of Independent Living, Long Term Foster Care, and Long Term Residential Placement

\*\* Children listed in FACES with "No Goal" had already achieved their permanency plan during the reporting period, although they remained in paid placement thereafter.

\*\*\* Total reflects the number of children who met criteria on September 30th

**(iii) (b). The Number of Children Who Became a Part of This Class during the Reporting Period (by Age and by Length of Stay)**



**FY 2005 Total = 310**

Age Group	Length of Stay in Months ~ FY05						# of Children
	24 - 30	31 - 36	37 - 42	43 - 48	49 - 60	61+	
2 Years	15	2	0	0	0	0	17
3 Years	9	5	4	0	0	0	18
4 Years	6	6	4	4	2	0	22
5 Years	9	3	5	1	5	2	25
6 Years	6	2	1	2	5	8	24
7 Years	3	4	0	1	4	13	25
8 Years	4	8	2	2	5	19	40
9 Years	7	7	4	7	5	15	45
10 Years	16	9	6	2	7	15	55
11 Years	9	4	6	4	7	24	54
12 Years	12	6	6	7	11	28	70
13 Years	12	4	9	3	11	17	56
14 Years	13	7	8	5	10	31	69
15 Years	15	10	7	4	9	26	71
16 Years	18	7	3	6	4	33	71
17 Years	11	7	4	6	10	28	66
18 Years	9	11	8	3	8	40	79
19 Years	11	8	7	7	10	34	77
20 Years	9	6	11	5	12	31	74
21 Years	0	0	0	0	0	3	3
<b>Total # of Children</b>	<b>194</b>	<b>116</b>	<b>90</b>	<b>69</b>	<b>125</b>	<b>367</b>	<b>961</b>

**Table 8**

**Note:** The Circle indicates the children who became a part of this class during the reporting period.

**FY 2004 Total = 365**

Age Group	Length of Stay in Care (Months) ~ FY04						# of Children
	24-30	31-36	37-42	43-48	49-60	61+	
2 Years	19	1	0	0	0	0	20
3 Years	13	11	6	1	0	0	31
4 Years	7	5	3	7	5	0	27
5 Years	4	10	5	5	14	3	41
6 Years	10	5	4	6	16	12	53
7 Years	7	5	4	6	14	22	58
8 Years	14	8	4	5	19	20	70
9 Years	11	6	5	5	17	18	62
10 Years	12	8	6	5	13	29	73
11 Years	11	10	6	10	32	32	100
12 Years	15	9	10	8	10	29	81
13 Years	14	10	4	10	14	32	84
14 Years	11	4	11	10	19	27	82
15 Years	8	11	3	3	15	35	75
16 Years	13	9	7	9	10	33	81
17 Years	16	5	7	5	16	38	87
18 Years	15	13	5	7	14	30	84
19 Years	15	7	10	6	7	32	77
20+ Years	7	6	11	10	17	31	82
<b>Total # of Children</b>	<b>222</b>	<b>143</b>	<b>110</b>	<b>118</b>	<b>252</b>	<b>423</b>	<b>1268</b>

**Table 8**

**Note:** The Circle indicates the children who became a part of this class during the reporting period.

**(iii) d. Children Who Became a Part of This Class during the Reporting Period  
(by Length of Stay and by Legal Status)**

Legal Status	Length of Stay in Months ~ FY05						# of Children
	24 - 30	31 - 36	37 - 42	43 - 48	49 - 60	61+	
Administrative Hold	0	0	1	1	0	0	2
Commitment	193	111	88	66	124	363	945
Conditional Release - Third Party	0	1	0	0	0	0	1
Private/Third Party Placement	0	0	0	0	1	0	1
Protective Supervision	0	1	0	0	0	0	1
Relinquishment	1	0	0	0	0	1	2
Shelter Care	0	2	1	2	0	0	5
No Legal Status Listed in FACES	0	1	0	0	0	3	4
<b>Total # of Children</b>	<b>194</b>	<b>116</b>	<b>90</b>	<b>69</b>	<b>125</b>	<b>367</b>	<b>961</b>

Legal Status	Length of Stay in Months ~ FY04						# of Children
	24-30	31-36	37-42	43-48	49-60	61+	
Administrative Hold	1	1	0	0	0	0	2
Commitment	212	139	108	116	247	416	1238
Private/Third Party Placement	1	0	1	1	0	2	5
Relinquishment	0	0	0	0	1	0	1
Shelter Care	7	3	1	1	1	2	15
No Legal Status Listed in FACES	1	0	0	0	3	3	7
<b>Total # of Children</b>	<b>222</b>	<b>143</b>	<b>110</b>	<b>118</b>	<b>252</b>	<b>423</b>	<b>1268</b>

**Table 9.**

**Note:** The Circle indicates the children who became a part of this class during the reporting period.

(iv) The number of children who left care during the previous year (by month), the number of children in this class who had been in care for 24 months or longer, the ages and legal statuses of these children, and the reasons for their removal from care; and

**(iv) a. Number of Children Who Left Care During the Reporting Period (by Month and by Length of Stay)**

<b>FY05</b>													
<b>Length of Stay</b>	<b>Oct 04</b>	<b>Nov 04</b>	<b>Dec 04</b>	<b>Jan 05</b>	<b>Feb 05</b>	<b>Mar 05</b>	<b>Apr 05</b>	<b>May 05</b>	<b>Jun 05</b>	<b>Jul 05</b>	<b>Aug 05</b>	<b>Sep 05</b>	<b>Total</b>
<1 Month	6	16	10	2	7	9	16	20	13	11	8	13	131
1 - 4 Months	10	6	13	9	5	12	11	10	14	8	22	2	122
5 - 8 Months	2	19	9	3	3	2	13	9	7	2	4	3	76
9 - 12 Months	4	5	2	2	2	2	3	3	7	3	8	5	46
13 - 23 Months	9	6	4	11	5	11	8	11	6	9	6	2	88
<b>24+ Months</b>	<b>86</b>	<b>79</b>	<b>58</b>	<b>73</b>	<b>47</b>	<b>71</b>	<b>68</b>	<b>67</b>	<b>70</b>	<b>64</b>	<b>66</b>	<b>46</b>	<b>795</b>
<b>Total Children who Left Care for Month</b>	<b>117</b>	<b>131</b>	<b>96</b>	<b>100</b>	<b>69</b>	<b>107</b>	<b>119</b>	<b>120</b>	<b>117</b>	<b>97</b>	<b>114</b>	<b>71</b>	<b>1257</b>
<b>FY04</b>													
<b>Length of Stay</b>	<b>Oct 03</b>	<b>Nov 03</b>	<b>Dec 03</b>	<b>Jan 04</b>	<b>Feb 04</b>	<b>Mar 04</b>	<b>Apr 04</b>	<b>May 04</b>	<b>Jun 04</b>	<b>Jul 04</b>	<b>Aug 04</b>	<b>Sep 04</b>	<b>Total</b>
<1 Month	19	20	5	17	10	12	13	8	11	9	1	12	136
1 - 4 Months	2	7	3	12	1	13	6	7	6	8	10	8	81
5 - 8 Months	1	8	4	1	3	3	0	7	3	2	3	4	39
9 - 12 Months	4	2	0	3	1	3	4	3	5	4	3	2	34
13 - 23 Months	12	8	12	8	12	12	12	5	13	8	21	10	133
<b>24+ Months</b>	<b>73</b>	<b>65</b>	<b>55</b>	<b>63</b>	<b>64</b>	<b>78</b>	<b>53</b>	<b>65</b>	<b>98</b>	<b>87</b>	<b>118</b>	<b>71</b>	<b>890</b>
<b>Total Children who Left Care for Month</b>	<b>111</b>	<b>110</b>	<b>79</b>	<b>104</b>	<b>91</b>	<b>121</b>	<b>88</b>	<b>95</b>	<b>136</b>	<b>118</b>	<b>156</b>	<b>107</b>	<b>1309</b>

Table 10.

**(iv) b. Number of Children Who Left Care During the Reporting Period (by Month and by Age at the Time of Exit from Care)**

<b>FY05</b>													
<b>Age Groups</b>	<b>Oct 04</b>	<b>Nov 04</b>	<b>Dec 04</b>	<b>Jan 05</b>	<b>Feb 05</b>	<b>Mar 05</b>	<b>Apr 05</b>	<b>May 05</b>	<b>Jun 05</b>	<b>Jul 05</b>	<b>Aug 05</b>	<b>Sep 05</b>	<b>Total</b>
<1 Year	1	0	4	2	1	4	7	5	0	1	6	0	31
1 – 5	19	25	25	21	14	23	26	19	27	23	26	14	262
6 – 12	49	67	35	33	24	35	41	47	48	35	33	22	469
13 – 15	10	10	15	14	8	20	19	23	16	16	16	12	179
16 – 17	7	7	5	4	5	8	12	5	5	8	13	4	82
18+	31	22	12	26	17	17	14	21	21	14	20	19	234
<b>Total Children who Left Care for Month</b>	<b>117</b>	<b>131</b>	<b>96</b>	<b>100</b>	<b>69</b>	<b>107</b>	<b>119</b>	<b>120</b>	<b>117</b>	<b>97</b>	<b>114</b>	<b>71</b>	<b>1257</b>
<b>FY04</b>													
<b>Age Groups</b>	<b>Oct 03</b>	<b>Nov 03</b>	<b>Dec 03</b>	<b>Jan 04</b>	<b>Feb 04</b>	<b>Mar 04</b>	<b>Apr 04</b>	<b>May 04</b>	<b>Jun 04</b>	<b>Jul 04</b>	<b>Aug 04</b>	<b>Sep 04</b>	<b>Total</b>
<1 Year	5	3	1	1	0	4	4	3	3	2	2	3	30
1 – 5	18	28	12	26	18	30	29	26	32	28	20	22	287
6 – 12	52	45	29	31	39	43	26	34	49	43	71	39	500
13 – 15	13	10	18	15	10	18	11	14	21	16	22	14	180
16 – 17	15	4	6	7	7	10	4	5	7	7	14	6	91
18+	8	20	13	24	17	16	14	13	24	22	27	23	221
<b>Total Children who Left Care for Month</b>	<b>111</b>	<b>110</b>	<b>79</b>	<b>104</b>	<b>91</b>	<b>121</b>	<b>88</b>	<b>95</b>	<b>136</b>	<b>118</b>	<b>156</b>	<b>107</b>	<b>1309</b>

Table 11.

**(iv) c. Number of Children who Left Care During the Reporting Period (by Month and by Legal Status)**

<b>Legal Status FY05</b>	<b>Oct 04</b>	<b>Nov 04</b>	<b>Dec 04</b>	<b>Jan 05</b>	<b>Feb 05</b>	<b>Mar 05</b>	<b>Apr 05</b>	<b>May 05</b>	<b>Jun 05</b>	<b>Jul 05</b>	<b>Aug 05</b>	<b>Sep 05</b>	<b>Total</b>
Administrative Hold	6	9	1	2	8	2	4	9	5	8	11	10	75
Commitment	89	83	66	73	44	74	71	74	71	65	68	41	819
Conditional Release - Parent	4	2	3	0	1	5	5	9	3	3	5	2	42
Conditional Release - Third Party	0	0	2	0	0	0	1	0	0	0	0	0	3
Legal Guardianship	0	0	0	0	0	0	0	0	0	0	1	0	1
FACES Indicates No Court Involvement	3	5	0	0	0	1	3	0	4	0	3	1	20
FACES Indicates No Legal Status	4	1	3	1	2	1	2	4	3	4	2	1	28
Non-Ward	1	0	1	0	3	0	0	1	0	0	0	0	6
Private/Third Party Placement	0	3	3	5	2	2	2	1	0	3	0	0	21
Protective Supervision	6	20	12	10	5	12	20	12	19	8	19	11	154
Relinquishment	1	0	0	0	0	0	0	0	0	2	0	0	3
Shelter Care	2	8	5	9	4	9	11	10	12	4	5	5	84
Voluntary Placement	1	0	0	0	0	1	0	0	0	0	0	0	2
<b>Total Children who Left Care for Month</b>	<b>117</b>	<b>131</b>	<b>96</b>	<b>100</b>	<b>69</b>	<b>107</b>	<b>119</b>	<b>120</b>	<b>117</b>	<b>97</b>	<b>114</b>	<b>71</b>	<b>1257</b>
<b>Legal Status FY04</b>	<b>Oct 03</b>	<b>Nov 03</b>	<b>Dec 03</b>	<b>Jan 04</b>	<b>Feb 04</b>	<b>Mar 04</b>	<b>Apr 04</b>	<b>May 04</b>	<b>Jun 04</b>	<b>Jul 04</b>	<b>Aug 04</b>	<b>Sep 04</b>	<b>Total</b>
Administrative Hold	7	7	0	3	5	5	7	5	4	8	1	10	62
Commitment	60	60	58	61	64	80	58	67	97	86	116	77	884
Conditional Release - Parent	0	0	1	6	2	3	1	4	5	0	1	0	23
Conditional Release - Third Party	5	1	3	6	3	1	1	1	0	5	0	0	26
Legal Guardianship	0	0	0	0	0	0	0	0	0	0	0	0	0
FACES Indicates No Court Involvement	2	6	1	3	5	2	0	1	3	3	2	2	30
FACES Indicates No Legal Status	1	1	0	3	1	0	1	5	1	2	1	1	17
Non-Ward	0	0	2	0	0	1	0	0	2	0	0	0	5
Private/Third Party Placement	5	7	2	3	2	6	7	4	3	3	4	5	50
Protective Supervision	17	16	8	13	1	18	7	6	14	3	17	6	126
Relinquishment	1	0	0	0	0	0	1	0	0	1	0	0	3
Shelter Care	12	12	4	6	8	5	5	2	7	7	13	6	87
Voluntary Placement	1	0	0	0	0	0	0	0	0	0	1	0	2
<b>Total Children who Left Care for Month</b>	<b>111</b>	<b>110</b>	<b>79</b>	<b>104</b>	<b>91</b>	<b>121</b>	<b>88</b>	<b>95</b>	<b>136</b>	<b>118</b>	<b>156</b>	<b>107</b>	<b>1309</b>

**(iv) d. Number of Children who Left Care During the Reporting Period (by Month and by Primary Reason for Leaving Care)**

<b>FY05</b>													
<b>Exit Care Reasons</b>	<b>Oct 04</b>	<b>Nov 04</b>	<b>Dec 04</b>	<b>Jan 05</b>	<b>Feb 05</b>	<b>Mar 05</b>	<b>Apr 05</b>	<b>May 05</b>	<b>Jun 05</b>	<b>Jul 05</b>	<b>Aug 05</b>	<b>Sep 05</b>	<b>Total</b>
Reunification	20	40	27	12	15	30	42	43	42	29	52	28	379
Guardianship	19	19	24	16	16	24	27	26	14	14	15	12	226
Adoption	39	41	21	36	10	32	28	23	30	33	27	7	327
Living With Other Relatives	11	11	9	12	6	4	7	6	7	8	1	6	88
Emancipation	23	17	11	23	20	14	9	18	20	13	18	16	202
Placement/Custody to be provided by another District agency	2	2	1	0	1	2	6	2	1	0	0	1	18
3rd Party Non Relative	3	0	3	1	1	1	0	1	3	0	0	0	13
Death of Child	0	1	0	0	0	0	0	1	0	0	1	1	4
<b>Total Children who Left Care for Month</b>	<b>117</b>	<b>131</b>	<b>96</b>	<b>100</b>	<b>69</b>	<b>107</b>	<b>119</b>	<b>120</b>	<b>117</b>	<b>97</b>	<b>114</b>	<b>71</b>	<b>1257</b>
<b>FY04</b>													
<b>Exit Care Reasons</b>	<b>Oct 03</b>	<b>Nov 03</b>	<b>Dec 03</b>	<b>Jan 04</b>	<b>Feb 04</b>	<b>Mar 04</b>	<b>Apr 04</b>	<b>May 04</b>	<b>Jun 04</b>	<b>Jul 04</b>	<b>Aug 04</b>	<b>Sep 04</b>	<b>Total</b>
Reunification	31	27	20	31	22	27	27	23	30	14	28	21	299
Guardianship	14	9	10	18	15	27	16	17	16	28	36	33	239
Adoption	36	34	25	19	27	30	23	33	49	45	52	19	392
Living With Other Relatives	23	20	12	12	15	18	8	8	14	13	10	10	160
Emancipation	6	15	12	21	9	13	12	12	22	16	24	17	179
Placement/Custody to be provided by another District agency	0	1	0	1	2	2	2	1	2	1	3	2	17
3rd Party Non Relative	1	3	0	2	1	1	0	0	2	0	3	2	15
Death of Child	0	1	0	0	0	3	0	1	1	1	0	3	10
<b>Total Children who Left Care for Month</b>	<b>111</b>	<b>110</b>	<b>79</b>	<b>104</b>	<b>91</b>	<b>121</b>	<b>88</b>	<b>95</b>	<b>136</b>	<b>118</b>	<b>156</b>	<b>107</b>	<b>1309</b>

**Table 13.**

(v) The number of children who left care during the previous year, by permanency goal; their length of stay in care, by permanency goal; the number of children whose placements were disrupted during the previous year, by placement type; and \*the number of children who re-entered care during the previous year;

**(v) a. The Number of Children Who Left Care During the Reporting Period (by Month and by Permanency Goal)**

<b>FY05</b>													
<b>Permanency Goal</b>	<b>Oct 04</b>	<b>Nov 04</b>	<b>Dec 04</b>	<b>Jan 05</b>	<b>Feb 05</b>	<b>Mar 05</b>	<b>Apr 05</b>	<b>May 05</b>	<b>Jun 05</b>	<b>Jul 05</b>	<b>Aug 05</b>	<b>Sep 05</b>	<b>Total</b>
Reunification	14	25	23	12	8	19	26	22	32	20	36	14	<b>251</b>
Guardianship	22	21	22	14	16	23	28	28	16	15	12	11	<b>228</b>
Adoption	34	44	21	35	10	33	27	23	31	34	28	8	<b>328</b>
Relative Placement	0	0	0	0	0	0	0	0	0	0	1	0	<b>1</b>
Legal Custody	2	0	0	0	1	0	0	1	0	0	0	1	<b>5</b>
Alternative Planned Permanent Living Arrangement (APPLA)*	31	21	16	25	21	19	13	21	21	15	19	19	<b>241</b>
Family Stabilization	0	0	0	0	0	0	0	0	0	0	0	0	<b>0</b>
No Goal Listed on FACES**	14	20	14	14	13	13	25	25	17	13	18	18	<b>204</b>
<b>Total Children who Left Care for Month</b>	<b>117</b>	<b>131</b>	<b>96</b>	<b>100</b>	<b>69</b>	<b>107</b>	<b>119</b>	<b>120</b>	<b>117</b>	<b>97</b>	<b>114</b>	<b>71</b>	<b>1257</b>
<b>FY04</b>													
<b>Permanency Goal</b>	<b>Oct 03</b>	<b>Nov 03</b>	<b>Dec 03</b>	<b>Jan 04</b>	<b>Feb 04</b>	<b>Mar 04</b>	<b>Apr 04</b>	<b>May 04</b>	<b>Jun 04</b>	<b>Jul 04</b>	<b>Aug 04</b>	<b>Sep 04</b>	<b>Total</b>
Reunification	28	27	13	22	21	25	15	12	25	7	28	18	<b>238</b>
Guardianship	18	9	9	17	16	28	17	16	16	27	40	34	<b>247</b>
Adoption	37	37	30	20	24	29	22	33	47	43	52	19	<b>393</b>
Relative Placement	0	0	0	1	0	1	0	1	1	1	0	0	<b>5</b>
Legal Custody	0	0	0	2	1	0	1	0	1	0	2	1	<b>8</b>
Alternative Planned Permanent Living Arrangement (APPLA)*	10	21	18	24	17	19	14	16	25	18	27	24	<b>233</b>
Family Stabilization	2	1	0	2	0	0	0	2	0	1	0	0	<b>8</b>
No Goal Listed on FACES**	16	15	9	16	12	19	19	15	21	21	7	11	<b>178</b>
<b>Total Children who Left Care for Month</b>	<b>111</b>	<b>110</b>	<b>79</b>	<b>104</b>	<b>91</b>	<b>121</b>	<b>88</b>	<b>95</b>	<b>136</b>	<b>118</b>	<b>156</b>	<b>107</b>	<b>1309</b>

**Table 14.**

\*APPLA includes permanency goals of Independent Living, Long Term Foster Care, and Long Term Residential Treatment

\*\*Children listed with No Goal on FACES had achieved their permanency goal prior to their exit from care, and therefore did not have a listed permanency goal at the time of their exit.



**(v) b. The Number of Children Who Left Care During the Reporting Period (by Length of Stay and by Permanency Goal)**

Permanency Goal (At the time of Exit from Care)	Length of Stay in Care* ~ FY05						Total
	0 Months	1 - 4 Months	5 - 8 Months	9 - 12 Months	13 - 23 Months	24+ Months	
Adoption	1	0	1	7	13	306	328
Guardianship	1	2	2	10	28	185	228
Legal Custody	0	0	0	1	3	1	5
Alternative Planned Permanent Living Arrangement (APPLA)**	1	2	4	4	8	222	241
Relative Placement	0	0	0	0	0	1	1
Reunification	12	76	59	20	29	55	251
No Goal Listed on FACES***	116	42	10	4	7	25	204
<b>Total Children who Left Care for Month</b>	<b>131</b>	<b>122</b>	<b>76</b>	<b>46</b>	<b>88</b>	<b>795</b>	<b>1257</b>
Permanency Goal (At the time of Exiting Care)	Length of Stay in Care* ~ FY04						Total
	0 Months	1 - 4 Months	5 - 8 Months	9 - 12 Months	13 - 23 Months	24+ Months	
Reunification	30	42	23	13	54	77	238
Guardianship	1	2	6	11	35	192	247
Adoption	0	4	3	4	23	359	393
Relative Placement	0	1	0	0	0	4	5
Legal Custody	0	1	0	0	0	7	8
Alternative Planned Permanent Living Arrangement (APPLA)**	0	2	5	2	11	213	233
Family Stabilization	1	0	1	0	0	6	8
No Goal Listed on FACES***	104	29	1	4	10	32	178
<b>Total Children who Left Care for Month</b>	<b>136</b>	<b>81</b>	<b>39</b>	<b>34</b>	<b>133</b>	<b>890</b>	<b>1309</b>

**Table 15.**

\* This is the length of time the child was in Foster Care. The child may have had multiple goal changes during the foster care episode.

\*\*APPLA includes permanency goals of Independent Living, Long Term Foster Care, and Long Term Residential Treatment

\*\*\*Children listed with No Goal on FACES had achieved their permanency goal prior to their exit from care, and therefore did not have a listed permanency goal at the time of their exit.

**(v) c. The Number of Children Whose Placements were Disrupted During the Reporting Period (by Exit Month and Placement Type)**

<b>FY05</b>												
<b>Placement Type</b>	<b>Oct 04</b>	<b>Nov 04</b>	<b>Dec 04</b>	<b>Jan 05</b>	<b>Feb 05</b>	<b>Mar 05</b>	<b>Apr 05</b>	<b>May 05</b>	<b>Jun 05</b>	<b>Jul 05</b>	<b>Aug 05</b>	<b>Sep 05</b>
Kinship	26	26	23	22	18	32	39	30	22	23	26	16
Non-Kinship	53	72	49	56	32	51	59	60	71	55	62	32
Group Homes	10	9	10	3	5	17	25	19	16	16	18	12
Independent Living	8	8	8	6	7	6	7	8	9	7	13	9
Residential Treatment	0	0	2	2	0	2	2	1	2	3	4	0
Other*	5	7	3	5	5	9	11	8	10	7	10	9
<b>No Placement in the Fiscal Year**</b>	<b>20</b>	<b>12</b>	<b>6</b>	<b>9</b>	<b>9</b>	<b>5</b>	<b>4</b>	<b>8</b>	<b>4</b>	<b>6</b>	<b>5</b>	<b>6</b>
<b>No Disruptions</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Children who Left Care for the Month***</b>	<b>117</b>	<b>131</b>	<b>96</b>	<b>100</b>	<b>69</b>	<b>107</b>	<b>119</b>	<b>120</b>	<b>117</b>	<b>97</b>	<b>114</b>	<b>71</b>
<b>FY04</b>												
<b>Placement Type</b>	<b>Oct 03</b>	<b>Nov 03</b>	<b>Dec 03</b>	<b>Jan 04</b>	<b>Feb 04</b>	<b>Mar 04</b>	<b>Apr 04</b>	<b>May 04</b>	<b>Jun 04</b>	<b>Jul 04</b>	<b>Aug 04</b>	<b>Sep 04</b>
Kinship	1	0	0	0	0	2	1	0	0	0	2	0
Non-Kinship	3	3	0	7	1	4	4	0	2	0	2	0
Group Homes	3	5	0	10	2	4	3	0	2	0	1	0
Independent Living	0	1	0	1	0	0	0	0	0	0	0	0
Residential Treatment	0	0	0	1	1	0	0	0	1	0	0	0
Other*	2	0	0	1	1	2	0	0	0	0	0	0
<b>No Placement in the Fiscal Year**</b>	<b>12</b>	<b>13</b>	<b>11</b>	<b>13</b>	<b>21</b>	<b>14</b>	<b>11</b>	<b>10</b>	<b>11</b>	<b>7</b>	<b>12</b>	<b>7</b>
<b>No Disruptions</b>	<b>94</b>	<b>91</b>	<b>68</b>	<b>81</b>	<b>68</b>	<b>99</b>	<b>73</b>	<b>85</b>	<b>122</b>	<b>111</b>	<b>140</b>	<b>100</b>
<b>Total Children who Left Care for Month***</b>	<b>111</b>	<b>110</b>	<b>79</b>	<b>104</b>	<b>91</b>	<b>121</b>	<b>88</b>	<b>95</b>	<b>136</b>	<b>118</b>	<b>156</b>	<b>107</b>

**Table 16.**

**\*Note:** 'Other:' includes Hospitals, Juvenile Correction Facilities, Substance Abuse Services, etc.

**\*\*Note:** 'No Placement...' includes children who, on the FACES information system, have a 'Home Removal End Reason' that falls within the reporting period, but there is no placement within the reporting period that corresponds with the Home Removal End Reason.

**\*\*\*Note:** Column sub-totals do not add up to totals in the far right column. Children's placements may have been disrupted multiple times prior to the child's ultimate exit from care, and the total at the far right records only the first disruption for each child.

(v) d. Number of Children Who Re-entered Care FY2005 = 114 and FY2004 = 135

## APPENDIX 4: MAP OF HEALTHY FAMILIES/THRIVING COMMUNITIES COLLABORATIVES' SERVICE AREAS AND OFFICES

